

SERFF Tracking Number: AULD-125622422 State: Arkansas
Filing Company: Pioneer Mutual Life Insurance Company State Tracking Number: 39109
Company Tracking Number: 2900
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Optimum Plus 2008
Project Name/Number: Optimum Plus 2008/2900

Filing at a Glance

Company: Pioneer Mutual Life Insurance Company

Product Name: Optimum Plus 2008

SERFF Tr Num: AULD-125622422 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium

SERFF Status: Closed

State Tr Num: 39109

Adjustable Life

Sub-TOI: L09I.001 Single Life

Co Tr Num: 2900

State Status: Approved-Closed

Filing Type: Form

Co Status: Submitted to State

Reviewer(s): Linda Bird

Authors: Danita Ragland-Hatton,
Kathy Roush

Disposition Date: 07/25/2008

Date Submitted: 05/27/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Optimum Plus 2008

Status of Filing in Domicile: Pending

Project Number: 2900

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/25/2008

Deemer Date:

State Status Changed: 07/25/2008

Corresponding Filing Tracking Number:

Filing Description:

May 27, 2008

Arkansas Department of Insurance

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Project Name/Number: Optimum Plus 2008/2900

RE: Pioneer Mutual Life Insurance Company

NAIC No: 67911

FEIN No.: 45-0220640

Policy Forms:

2900 Flexible Premium Adjustable Life Insurance Policy

2901 Accelerated Death Benefit Rider

2902 Children's Term Insurance Rider

2903 Guaranteed Insurability Option Rider

2904 Other Insured Term Insurance Rider

2905 Premium Deposit Fund Rider

2906 Waiver of Monthly Deductions Rider

2907 Credit of Premium Disability Rider

2908 Aviation Exclusion Rider

I-20833 Application for Life Insurance

We are submitting for your review and approval a flexible premium adjustable life insurance policy, eight riders and the application that will be used with this policy. Each of these forms is described below. This form has been submitted for approval in our domiciliary state of North Dakota.

ICC08 2900 is a flexible premium adjustable life insurance policy. This is a new policy and does not replace any policy currently in use by our company. The policy values and reserves are based on the 2001 Commissioner's Standard Ordinary Ultimate Mortality Tables. Our licensed agents will sell this product to individuals from ages 0 to 85. It will be sold with an illustration. The minimum Base Face Amount of the policy is \$50,000 and offers a choice of three death benefit options. The policy also provides for a No-Lapse provision during the No-Lapse Guarantee Period.

The following riders will be used with this policy:

2901 Accelerated Death Benefit Rider This rider allows for a prepayment of a portion of the policy death benefit while the insured is still alive, if the Insured has been diagnosed as terminally ill and has 12 months or less to live. The minimum amount available is \$5,000 and the maximum benefit payable is the lesser of \$500,000 or 50% of the face

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amount. This rider is attached to all policies at issue. There is no charge for this rider.

2902 Children's Term Insurance Rider This rider provides level term insurance on each child of the Insured. At issue, each child must be at least 14 days old and less than 18 years of age. Once this rider is in force, children born to the Insured are covered automatically after they are 14 days old. This benefit is available at issue and may also be added after issue.

2903 Guaranteed Insurability Option Rider This rider allows the Base Face Amount of the Policy to be increased by the option amount or less, without evidence of insurability on the Insured. These increases may occur on regular option dates. This amount is added to the account value. This rider may be added after issue.

2904 Other Insured Term Insurance Rider This rider is term life insurance on someone other than the Insured. The minimum issue amount is \$50,000. The amount of coverage may be changed in the future, but increases are subject to evidence of insurability. The issue ages for the other insured are 20 to 85. This rider may be added after issue.

2905 Premium Deposit Fund Rider This rider allows the Owner to make payments to a Premium Deposit Fund while the policy is in force. On each policy anniversary, we will credit the Premium Deposit Fund with interest at such rate as we may declare. There is no charge for this rider. This rider may be added after issue.

2906 Waiver of Monthly Deductions Rider This rider waives all policy charges if the primary insured becomes totally disabled. Monthly Deductions are waived for total disability following a six-month waiting period. If disability occurs before age 60, Monthly Deductions are waived to age 121 as long as total disability continues. If disability occurs between ages 60 to 65, Monthly Deductions are waived as long as the Insured remains totally disabled, but not beyond age 65. This rider is available only at issue.

2907 Credit of Premium Disability Rider This rider pays a designated premium amount into the account value during a period of total disability. The Credit of Premium Disability rider may not be added to a policy unless the Waiver of Monthly Deductions Rider is already added. If disability occurs before age 60, the designated premium benefit is paid to age 121 as long as total disability continues. If disability occurs between ages 60 to 65, the designated premium benefit is paid as long as the Insured remains totally disabled but not beyond age 65. This rider is available only at issue.

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2908 Aviation Exclusion Rider This rider will exclude from coverage certain aviation risks thereby allowing issue of the coverage. This rider is only issued on cases where the risk qualifies based on information provided by the applicant regarding their aviation activities.

I-20833 Application for Life Insurance

This fully underwritten application will be used to determine an applicant's insurability for this flexible premium adjustable life insurance policy for Pioneer Mutual Life Insurance Company (PML) and for traditional and variable life products for American United Life Insurance Company (AUL). This form is replacing 7-15902 which was approved by your state on November 29, 2003 for PML. The application will be used as a printed-paper form. PML will only use this application for the policy form included in this filing. The sections of the application that apply to AUL and the products issued by AUL have been bracketed. We will be submitting a separate filing for approval of this application for American United Life Insurance Company.

These forms have been drafted to meet the readability standards of all states which have adopted the simplified language requirements to date and do not contain any controversial or unusual items from normal company and industry standards. These forms have been submitted in final print, subject to typographical errors and any minor modifications in the paper stock, size, ink, border, company logo and adaptations due to computer production and printing.

Thank you for your time and consideration in reviewing this submission. If you have any questions, please feel free to contact me.

Sincerely,

Kathy Roush
Contract Analyst
Corporate Compliance and Market Conduct
OneAmerica companies
Phone: 877-285-7660 ext. 7027
Fax: 317-285-5510

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 Product Name: Optimum Plus 2008
 Project Name/Number: Optimum Plus 2008/2900

Email: productcompliance.corporatecompliance@oneamerica.com

Company and Contact

Filing Contact Information

Kathy Roush,
 One American Square (317) 285-7027 [Phone]
 Indianapolis, IN 46206 (317) 285-5510[FAX]

Filing Company Information

Pioneer Mutual Life Insurance Company CoCode: 67911 State of Domicile: North Dakota
 One American Square Group Code: 619 Company Type:
 P.O. Box 7127
 Indianapolis, IN 46206 Group Name: State ID Number:
 (877) 285-7660 ext. [Phone] FEIN Number: 45-0220640

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 x 1 form filing = \$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pioneer Mutual Life Insurance Company	\$50.00	05/27/2008	20516331

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	07/25/2008	07/25/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	05/29/2008	05/29/2008	Kathy Roush	07/21/2008	07/21/2008

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Project Name/Number: Optimum Plus 2008/2900

Disposition

Disposition Date: 07/25/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AULD-125622422 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Readability Certification		Yes
Supporting Document	Universal Life Insurance Certification		Yes
Supporting Document	Consent Form		Yes
Supporting Document	Accelerated Benefit Disclosure Statement		Yes
Form	Flexible Premium Adjustable Life Insurance Policy		Yes
Form	Accelerated Death Benefit Rider		Yes
Form	Children's Term Insurance Rider		Yes
Form	Guaranteed Insurability Option Rider		Yes
Form	Other Insured Term Insurance Rider		Yes
Form	Premium Deposit Fund Rider		Yes
Form	Waiver of Monthly Deductions Rider		Yes
Form	Credit of Premium Disability Rider		Yes
Form	Aviation Exclusion Rider		Yes
Form	Application for Life Insurance		Yes

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Project Name/Number: Optimum Plus 2008/2900

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/29/2008
Submitted Date 05/29/2008

Respond By Date

Dear Kathy Roush,

This will acknowledge receipt of the captioned filing.

Objection 1

- Certification/Notice (Supporting Document)
- Accelerated Death Benefit Rider (Form)

Comment: Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/21/2008
Submitted Date 07/21/2008

Dear Linda Bird,

Comments:

Response 1

SERFF Tracking Number: AULD-125622422 State: Arkansas
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Project Name/Number: Optimum Plus 2008/2900

Comments: In response to your Objection Letter dated May 29, 2008, I am providing the items requested.

- 1) Attached is a Universal Life Insurance Certification confirming that we have reviewed and are in compliance with Regulation 34, which applies to Universal Life policies.
- 2) We have reviewed Bulletin 11-83 and the policy is in compliance with these requirements. Attached is the required Consent Form.
- 3) Attached is the Accelerated Benefit Disclosure Statement, 2901 DISC, which is used with this policy.

Thank you for your time and consideration in reviewing this submission. If you have any questions, please feel free to contact me.

Sincerely,

Kathy Roush
Contract Analyst
Corporate Compliance and Market Conduct
OneAmerica companies
Phone: 877-285-7660 ext. 7027
Fax: 317-285-5510
Email: productcompliance.corporatecompliance@oneamerica.com

Related Objection 1

Applies To:

- Certification/Notice (Supporting Document)
- Accelerated Death Benefit Rider (Form)

Comment:

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

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Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Universal Life Insurance Certification

Comment:

Satisfied -Name: Consent Form

Comment:

Satisfied -Name: Accelerated Benefit Disclosure Statement

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Danita Ragland-Hatton, Kathy Roush

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 Project Name/Number: Optimum Plus 2008/2900

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2900	Policy/Cont Flexible Premium ract/Fratern Adjustable Life al Insurance Policy Certificate	Initial		50	2900 - Final.pdf
	2901	Policy/Cont Accelerated Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	2901 Accelerated Death Benefit Rider.pdf
	2902	Policy/Cont Children's Term ract/Fratern Insurance Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51	2902 Children's Insurance Benefit Rider.pdf
	2903	Policy/Cont Guaranteed ract/Fratern Insurability Option al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		55	2903 Guaranteed Insurability Rider.pdf

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2904	Policy/Cont Other Insured Term ract/Fratern Insurance Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	56	2904 Other Insured Term rider.pdf
2905	Policy/Cont Premium Deposit ract/Fratern Fund Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	53	2905 Premium Deposit Fund.pdf
2906	Policy/Cont Waiver of Monthly ract/Fratern Deductions Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	50	2906 Waiver of Monthly Deduction.pdf
2907	Policy/Cont Credit of Premium ract/Fratern Disability Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	50	2907 Credit of Premium.pdf
2908	Policy/Cont Aviation Exclusion	Initial	50	2908 Aviation

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I-20833	Application/ Application for Life Enrollment Insurance Form	Initial	51	I-20833 Life application.pdf
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Pioneer Mutual Life Insurance Company
a stock subsidiary of American United Mutual Insurance Holding Company
[101 North 10th Street, Fargo, North Dakota 58102]
[800-437-4692 oneamerica.com]

Pioneer Mutual Life Insurance Company, a stock subsidiary of American United Mutual Insurance Holding Company (PML), will pay the Death Benefit proceeds to the beneficiary upon receipt of due proof that the Insured's death occurred while this policy was in force, subject to the terms of this policy.

RIGHT TO EXAMINE THE POLICY

THIS POLICY MAY BE SENT BACK TO PML OR ITS REPRESENTATIVE WITHIN 30 DAYS AFTER IT IS RECEIVED. IN SUCH CASE, THIS POLICY WILL BE VOID FROM THE BEGINNING. WE WILL REFUND THE PREMIUMS PAID.

READ YOUR POLICY CAREFULLY

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY
ADJUSTABLE DEATH BENEFIT
PERIOD OF COVERAGE NOT GUARANTEED
PARTICIPATING – DIVIDENDS ARE NOT GUARANTEED
It is anticipated that no dividends will be declared.**

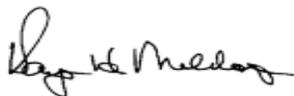
This policy is a legal contract between the Owner and PML.

Signed for Pioneer Mutual Life Insurance Company, a stock subsidiary of American United Mutual Insurance Holding Company, by

[



Secretary



President

]

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Section 1. Policy Data Page

Name of Insured [John Doe]	Sex [Male]	Age [35]	Premium Class [Standard, Non-Tobacco]
--------------------------------------	----------------------	--------------------	-------------------------------------------------

Policy Owner(s)
[John Doe]

Policy Date [01/01/2009]	Policy Number [123456789]
------------------------------------	-------------------------------------

Policy Specifications

Plan: Flexible Premium Adjustable Life

Initial Premium: [\$1,000.00]	Planned Premium: [\$1,000.00]
Premium Mode: [Annual]	

Initial Base Face Amount [\$ 100,000]

Base Face Amount Coverage expires according to Section 10 of the policy.

Initial Supplemental Face Amount: [\$ 100,000]

Supplemental Face Amount Coverage expires according to Section 9 of the policy.

Initial Total Face Amount: [\$ 200,000]

The percentage of the Base Face Amount as compared to the Total Face Amount shall never be less than [5%].

No-Lapse Guarantee Period: [4 years]

Monthly Required Premium for the No-Lapse Guarantee: [\$ 116.54]

Death Benefit Option: [Option 1] Refer to the Death Benefit section of your policy for an explanation of the Death Benefit Option.

Life Insurance Qualification Test Elected: [Cash Value Accumulation Test]

This is a participating policy. Dividends are not guaranteed. It is anticipated that no dividends will be declared.

Policy Charge Specifications

Premium Expense Charge

Guaranteed Maximum: 5.0% of each premium paid

Monthly Administrative Charge

Guaranteed Maximum: \$ 6.00 per month

Face Amount Charge

Guaranteed Maximum:

Initial Face Amount Charge: [\$3.00] per month for [10] years from Policy Date based on Initial Base Face Amount.*

TABLE OF SURRENDER CHARGES *

Based on Initial Base Face Amount as of Policy Date.

Policy Year	Surrender Charge	Policy Year	Surrender Charge
[1	\$2171	12	\$1474
2	\$2145	13	\$1242
3	\$2119	14	\$1017
4	\$2092	15	\$798
5	\$2064	16	\$587
6	\$2035	17	\$383
7	\$2006	18	\$187
8	\$1976	19	\$0
9	\$1947	20+	\$0]
10	\$1959		
11	\$1713		

* May increase with subsequent Face Amount Increases.

Loan Specifications

Minimum Loan Amount: [\$ 500]

Interest Rate Charged on Loans: [5.0%]

Interest Rate Credited on the Loan Account: Guaranteed Rate: [3.0%]

Policy Account Value Specifications

Guaranteed Interest Rate: 3.0%

Policy Minimum Specifications

Minimum Premium Payment Subsequent to Initial Premium: [\$25]

Minimum Base Face Amount: [\$50,000]

Minimum Additional Supplemental Face Amount: [\$10,000]

Policy Change Specifications

First date a change in the Death Benefit Option may be requested: [One Year After Policy Date]

[First date a Partial Surrender may be requested: [One Year After Policy Date]]

Minimum Partial Surrender Amount: [\$ 500]

First date an increase in Face Amount may be requested: [One Year After Policy Date]

Minimum increase in Face Amount: [\$5,000], or if less, the amount determined under any rider provision.

First date a decrease in Face Amount may be requested: [One Year After Policy Date]

Minimum decrease in Face Amount: [\$5,000]

Date subsequent increases, decreases and option changes may be requested: [One year following the effective date of a previous change.]

Maximum Attained Age for Total Face Amount increase: [85]

Maximum Attained Age for Death Benefit Option Change: [85]

Home Office:

Pioneer Mutual Life Insurance Company
[101 North 10th Street
Fargo, ND 58102]

Administrative Office:

Pioneer Mutual Life Insurance Company
[One American Square, P.O. Box 6002
Indianapolis, IN 46206-0368]

Rider Specifications

[Details of riders are given on separate Rider Specification Pages that follow.]

**TABLE OF MONTHLY GUARANTEED MAXIMUM COST OF INSURANCE
RATES PER \$1000 OF NET AMOUNT AT RISK, and MINIMUM INSURANCE
PERCENTAGES USING THE [CASH VALUE ACCUMULATION TEST]**

If Supplemental Face Amount is chosen, the rates displayed below are only applicable to the Base Face Amount after Age 100, as the Supplemental Face Amount expires according to the terms of Section 9 of the policy.

Attained Age	Monthly Guaranteed Cost of Insurance Rate	Minimum Insurance Percentage	Attained Age	Monthly Guaranteed Cost of Insurance Rate	Minimum Insurance Percentage
35	0.09	498	79	5.07	137
36	0.10	481	80	5.66	134
37	0.10	465	81	6.32	132
38	0.11	449	82	7.01	130
39	0.11	433	83	7.76	128
40	0.12	418	84	8.58	126
41	0.13	404	85	9.51	124
42	0.14	390	86	10.53	123
43	0.16	377	87	11.65	121
44	0.18	364	88	12.84	120
45	0.19	352	89	14.10	118
46	0.21	340	90	15.42	117
47	0.23	329	91	16.66	116
48	0.24	319	92	17.95	115
49	0.26	308	93	19.32	114
50	0.28	298	94	20.75	114
51	0.30	288	95	22.27	113
52	0.33	279	96	23.65	112
53	0.36	270	97	25.12	112
54	0.41	262	98	26.70	111
55	0.46	253	99	28.38	110
56	0.51	246	100	30.18	110
57	0.57	238	101	31.60	109
58	0.62	231	102	33.12	109
59	0.68	224	103	34.74	109
60	0.74	218	104	36.46	108
61	0.83	211	105	38.26	108
62	0.93	205	106	40.18	107
63	1.04	200	107	42.22	107
64	1.16	194	108	44.39	107
65	1.29	189	109	46.69	106
66	1.42	184	110	49.13	106
67	1.55	179	111	51.73	106
68	1.69	175	112	54.48	105
69	1.83	171	113	57.41	105
70	2.01	166	114	60.51	105
71	2.21	162	115	63.81	105
72	2.46	159	116	67.30	104
73	2.74	155	117	71.00	104
74	3.02	152	118	74.94	104
75	3.34	148	119	79.10	104
76	3.68	145	120	83.33	104
77	4.07	142	121	83.33	104
78	4.54	139			

The **Minimum Insurance Percentages** are determined to comply with Section 7702 of the Internal Revenue Code. **Mortality Table:** 2001 Commissioners Standard Ordinary Ultimate Mortality Table,[Age at nearest birthday, Sex and Tobacco Distinct.]

**TABLE OF MONTHLY GUARANTEED MAXIMUM COST OF INSURANCE
RATES PER \$1000 OF NET AMOUNT AT RISK, and MINIMUM INSURANCE
PERCENTAGES USING THE [GUIDELINE PREMIUM TEST]**

If Supplemental Face Amount is chosen, the rates displayed below are only applicable to the Base Face Amount after Age 100, as the Supplemental Face Amount expires according to the terms of Section 9 of the policy.

Attained Age	Monthly Guaranteed Cost of Insurance Rate	Minimum Insurance Percentage	Attained Age	Monthly Guaranteed Cost of Insurance Rate	Minimum Insurance Percentage
35	0.09	250	79	5.07	105
36	0.10	250	80	5.66	105
37	0.10	250	81	6.32	105
38	0.11	250	82	7.01	105
39	0.11	250	83	7.76	105
40	0.12	250	84	8.58	105
41	0.13	243	85	9.51	105
42	0.14	236	86	10.53	105
43	0.16	229	87	11.65	105
44	0.18	222	88	12.84	105
45	0.19	215	89	14.10	105
46	0.21	209	90	15.42	105
47	0.23	203	91	16.66	104
48	0.24	197	92	17.95	103
49	0.26	191	93	19.32	102
50	0.28	185	94	20.75	101
51	0.30	178	95	22.27	100
52	0.33	171	96	23.65	100
53	0.36	164	97	25.12	100
54	0.41	157	98	26.70	100
55	0.46	150	99	28.38	100
56	0.51	146	100	30.18	100
57	0.57	142	101	31.60	100
58	0.62	138	102	33.12	100
59	0.68	134	103	34.74	100
60	0.74	130	104	36.46	100
61	0.83	128	105	38.26	100
62	0.93	126	106	40.18	100
63	1.04	124	107	42.22	100
64	1.16	122	108	44.39	100
65	1.29	120	109	46.69	100
66	1.42	119	110	49.13	100
67	1.55	118	111	51.73	100
68	1.69	117	112	54.48	100
69	1.83	116	113	57.41	100
70	2.01	115	114	60.51	100
71	2.21	113	115	63.81	100
72	2.46	111	116	67.30	100
73	2.74	109	117	71.00	100
74	3.02	107	118	74.94	100
75	3.34	105	119	79.10	100
76	3.68	105	120	83.33	100
77	4.07	105	121	83.33	100
78	4.54	105			

The **Minimum Insurance Percentages** are determined to comply with Section 7702 of the Internal Revenue Code. **Mortality Table:** 2001 Commissioners Standard Ordinary Ultimate Mortality Table,[Age at nearest birthday, Sex and Tobacco Distinct.]

2901

RIDER SPECIFICATIONS
ACCELERATED DEATH BENEFIT RIDER

POLICY NUMBER: [123456789]
POLICY DATE: [JAN. 1, 2009]
INSURED: [JOHN A. DOE]
RIDER ISSUE AGE AND SEX: [35] [MALE]
PREMIUM CLASS: [STANDARD, NON-TOBACCO]
RIDER CHARGE: \$0.00
EXPIRY DATE: UPON POLICY TERMINATION

2902

RIDER SPECIFICATIONS
CHILDREN'S TERM INSURANCE RIDER

POLICY NUMBER: [123456789]
POLICY DATE: [JAN. 1, 2009]
INSURED: [JOHN A. DOE]
INSURED CHILD: [LISTED ON APPLICATION OR AS ADDED
AFTER ISSUE]
AMOUNT OF INSURANCE: [5 UNITS] PER INSURED CHILD
[\$5,000] on or after 6 months of age
[\$2,500] under 6 months of age
RIDER CHARGE: [\$ 2.60 PER MONTH]
EXPIRY DATE: Policy Anniversary following the earliest of:
Insured's Attained Age 65 or Insured Child's 22nd birthday

2903

RIDER SPECIFICATIONS
GUARANTEED INSURABILITY OPTION RIDER

POLICY NUMBER:	[123456789]
POLICY DATE:	[JAN. 1, 2009]
INSURED:	[JOHN A. DOE]
RIDER ISSUE AGE AND SEX:	[35] [MALE]
PREMIUM CLASS:	[STANDARD, NON-TOBACCO]
MAXIMUM AMOUNT OF INCREASE ON ANY OPTION DATE:	[\$20,000]
TOTAL AMOUNT OF INCREASES:	[\$100,000]
RIDER CHARGE:	[\$16.80 PER MONTH]
EXPIRY DATE:	[7/1/2016]

2904

RIDER SPECIFICATIONS
OTHER INSURED TERM INSURANCE RIDER

POLICY NUMBER: [123456789]
POLICY DATE: [JAN. 1, 2009]
INSURED: [COOKIE DOE]
OTHER INSURED ISSUE AGE AND SEX: [35] [FEMALE]
PREMIUM CLASS: [STANDARD, NON-TOBACCO]
AMOUNT OF INSURANCE: [\$100,000]
CONVERSION PERIOD: [TO 1/1/2042]
EXPIRY DATE: Earliest of: Age 95 of Other Insured or upon death of Insured.

OTHER INSURED TERM INSURANCE RIDER

Table of Monthly Guaranteed Cost of Insurance Rates
Per \$1000 of Net Amount at Risk

Attained Age	Monthly Guaranteed Cost of Insurance Rate	Attained Age	Monthly Guaranteed Cost of Insurance Rate
35	.07417	66	.99917
36	.07917	67	1.08500
37	.08583	68	1.18083
38	.08917	69	1.28583
39	.09417	70	1.40167
40	.10000	71	1.53500
41	.10583	72	1.68417
42	.11250	73	1.84583
43	.12083	74	2.02333
44	.13083	75	2.22000
45	.14250	76	2.43583
46	.15583	77	2.67333
47	.17250	78	2.93583
48	.19083	79	3.21917
49	.21083	80	3.53583
50	.23417	81	3.96583
51	.26000	82	4.45083
52	.28917	83	4.93417
53	.32083	84	5.46833
54	.35417	85	6.07000
55	.39000	86	6.61583
56	.43167	87	7.43750
57	.47500	88	8.29583
58	.52167	89	9.21083
59	.56833	90	10.05417
60	.61667	91	10.48083
61	.66917	92	11.32000
62	.72667	93	12.56500
63	.78583	94	14.13667
64	.85000	95	16.07667]
65	.92083		

2905

**RIDER SPECIFICATIONS
PREMIUM DEPOSIT FUND RIDER**

POLICY NUMBER: [123456789]
OWNER: [JOHN A. DOE]
POLICY DATE: [JAN. 1, 2009]
RIDER CHARGE: \$0.00
EXPIRY DATE: UPON POLICY TERMINATION

2906

RIDER SPECIFICATIONS
WAIVER OF MONTHLY DEDUCTIONS RIDER

POLICY NUMBER: [123456789]
INSURED: [JOHN A. DOE]
POLICY DATE: [JAN. 1, 2009]
RIDER ISSUE AGE AND SEX: [35] [MALE]
DISABILITY BENEFIT CLASS: [STANDARD, NON-TOBACCO]
COVERAGE PERIOD: POLICY ANNIVERSARY NEAREST ATTAINED AGE 65

WAIVER OF MONTHLY DEDUCTIONS DISABILITY TABLE

Monthly Cost Factors
To be applied to the Monthly Deductions

Insured's Attained Age	Monthly Cost Factor	Insured's Attained Age	Monthly Cost Factor	Insured's Attained Age	Monthly Cost Factor
[0-15	.0623	32	.0687	49	.0927
16	.0624	33	.0693	50	.0984
17	.0626	34	.0699	51	.1065
18	.0629	35	.0704	52	.1165
19	.0632	36	.0709	53	.1280
20	.0635	37	.0715	54	.1401
21	.0639	38	.0722	55	.1523
22	.0643	39	.0731	56	.1640
23	.0648	40	.0743	57	.1752
24	.0652	41	.0759	58	.1856
25	.0656	42	.0779	59	.1948
26	.0661	43	.0801	60	.0953
27	.0665	44	.0823	61	.0851
28	.0669	45	.0843	62	.0710
29	.0673	46	.0858	63	.0505
30	.0677	47	.0872	64	.0218]
31	.0682	48	.0893		

2907

RIDER SPECIFICATIONS
CREDIT OF PREMIUM DISABILITY RIDER

POLICY NUMBER: [123456789]
POLICY DATE: [JAN. 1, 2009]
INSURED: [JOHN A. DOE]
RIDER ISSUE AGE AND SEX: [35] [MALE]
DISABILITY BENEFIT CLASS: [STANDARD NON-TOBACCO]
BENEFIT AMOUNT: [\$100.00 PER MONTH]
RIDER CHARGE: [\$3.20 PER MONTH]
COVERAGE PERIOD: POLICY ANNIVERSARY NEAREST ATTAINED AGE 65

Section 2. Definitions

Account Value – The retrospective accumulation of Net Premiums, reduced by the Monthly Deductions and Partial Surrenders, accumulated at no less than the Guaranteed Interest Rate.

Administrative Office – PML's Administrative Office as shown on the Policy Data Page or any other business office as may be designated by the Board of Directors to service Your Policy.

Age - The Insured's nearest Age as of the Policy Date, as shown on the Policy Data Page.

Attained Age - The Insured's Age increased by one (1) for each complete Policy Year.

Base Face Amount - The Base Face Amount of insurance shown on the Policy Data Page, or as subsequently changed.

Cash Value – The Account Value less any Surrender Charges.

Cash Surrender Value - The Cash Value reduced by any indebtedness.

Guaranteed Interest Factor – The factor used in determination of the Net Amount At Risk as described in the Policy Charges provisions. $\text{Guaranteed Interest Factor} = (1 + \text{Guaranteed Interest Rate})^{(1/12)}$. The Guaranteed Interest Rate is shown on the Policy Data Page.

Home Office - PML's Home Office as shown on the Policy Data Page or any other office as may be designated by the Board of Directors.

Insured – The person You name whose life is covered by this policy. If the Insured dies while this policy is in force, then the Death Benefit proceeds become payable.

Minimum Insurance Percentage - The minimum percentage of Account Value required to qualify as a life insurance policy under the Internal Revenue Code. A table of these amounts is on the Policy Data Page.

Modified Endowment Contract – A classification of policies determined under the Internal Revenue Code which affects the tax status of distributions from the policy.

Monthiversary - The same date of each month as the Policy Date. If the Policy Date is the 29th, 30th or 31st of a calendar month, then for any calendar month that has fewer days, the Monthiversary will be the last day of such calendar month.

Net Accumulated Premiums - The amount of premiums paid, less Partial Surrenders, which is utilized in calculating the Death Benefit under Option 3.

Net Amount At Risk – The amount used to determine the Cost of Insurance charge. Refer to the Policy Charges section of Your policy.

Net Premium - The total premium paid reduced by the Premium Expense Charges shown on the Policy Data Page.

No-Lapse Guarantee Period - The period shown on the Policy Data Page during which the No-Lapse Guarantee is in effect as detailed in the No-Lapse Guarantee provision.

Owner(s) - The Owner(s) named in the application, unless changed in accordance with policy provisions.

Partial Surrender - A withdrawal of a portion of the Account Value.

Planned Premium – The amount We will bill You or, in the case of Our automatic premium plan, the amount We will deduct from the account selected by You.

Policy Anniversary - The same date each year as the Policy Date.

Policy Data Page - The Policy Data Page or the Supplemental Policy Data Page most recently sent to You by Us.

Policy Date - The date from which Monthiversaries, Policy Years, and Policy Anniversaries are measured, as shown on the Policy Data Page. Suicide and Incontestability periods are measured from the Policy Date.

Policy Year - One year from the Policy Date and from each Policy Anniversary thereafter.

Premium Mode – The frequency of the Planned Premium as shown on the Policy Data Page or as subsequently changed by You.

Proper Notice – Notice that is received at Our Administrative Office in a form acceptable to Us.

Reduction Free Partial Surrender Amount - The amount which may be withdrawn without a reduction in Total Face Amount. Refer to the Surrender section of Your policy.

Required Premium for the No-Lapse Guarantee - The current monthly premium that must be paid on a cumulative basis to keep this policy in force during the No-Lapse Guarantee Period.

Supplemental Face Amount – The Supplemental Face Amount of insurance shown on the Policy Data Page, or as subsequently changed. Any Supplemental Face Amount will expire on the Policy Anniversary the Insured attains the Age 100, according to Section 9 of the policy.

Total Face Amount – The sum of the Base Face Amount and the Supplemental Face Amount.

We – “We”, “Us” or “Our” means PML.

You - “You” or “Your” means the Owner of this policy.

Section 3. Benefits Available Under The Policy

This policy has a Death Benefit, a surrender benefit, and a loan provision. The terms of these benefits are described in the policy.

Section 4. General Provisions

Entire Contract - The entire contract consists of:

1. The basic policy;
2. Riders and endorsements, if any;
3. The attached copy of Your application.

We will require supplemental applications as applicable for adjustments to this policy subsequent to the Policy Date. These applications will be endorsed upon the policy and will be considered part of the entire contract.

This policy is issued in consideration of the application and payment of the initial premium.

Any change in this policy must be approved by PML's President, Vice President or Secretary. No Representative is authorized to change or waive any policy provision.

Reliances - All statements made in the application for the issuance or reinstatement of this policy, in the absence of fraud, are deemed representations and not warranties. No statement will void this policy or be used in defense of a claim unless contained in an application. We are not liable for a request made in accordance with Your instructions.

Incontestability - In the absence of fraud, We will not contest this policy after it has been in force during the lifetime of the Insured for two (2) years from the Policy Date. For increases in either the Base Face Amount and/or Supplemental Face Amount, We will not contest the increase for two (2) years from the effective date of the increase. If You did not request the Base Face Amount and/or Supplemental Face Amount increase or if evidence of insurability was not required, We will not contest the increase. After two (2) years, We may contest this policy for non-payment of premium or fraudulent misstatements as allowed by the law of the state in which this policy was delivered or issued for delivery. If this policy is reinstated, the incontestable period will start over again beginning on the effective date of the reinstatement, but only for statements made in the application for reinstatement, unless the original contestable period has not expired.

Juvenile Insureds - tobacco/non-tobacco mortality tables - We will use the composite mortality table for juvenile Insureds. We will reclassify the Insured to a standard non-tobacco premium class upon the Insured reaching the Attained Age of 16.

Suicide - If the Insured commits suicide, while sane or insane, within two (2) years from the Policy Date or the effective date of any reinstatement, We will not pay a Death Benefit. We will terminate this policy and refund the premiums paid, less any outstanding loan balance, unpaid loan interest, dividends paid if applicable, and any Partial Surrenders.

If the Insured commits suicide, while sane or insane, within two (2) years from the effective date of any increase in either the Base Face Amount and/or Supplemental Face Amount that was subject to evidence of insurability, We will not pay a Death Benefit on that increase. We will refund the Monthly Deductions for that increase. Refer to the Policy Charges section of Your policy for an explanation of Monthly Deductions.

Misstatement of Age or Sex - If the Insured's Age or sex has been misstated, We will adjust the Death Benefit to the amount that would have been purchased at the correct Age or sex. In consideration of the most recent Cost of Insurance rate, the Net Amount At Risk will be adjusted by the ratio of the incorrect Cost of Insurance rate to the correct Cost of Insurance rate. We will not make any retrospective recalculations to the Account Value. We may adjust future Monthly Deductions so as to reflect the corrected Age and sex.

Coverage may not be terminated if the correct Age is outside the issue Ages for this policy. The Cost of Insurance rate and benefits will be adjusted using the correct Age.

Section 5. Owner And Beneficiary

Ownership - You have all rights in this policy while the Insured is living. Your rights are subject to the interests of any assignee or irrevocable beneficiary. If You die before the Insured, any contingent Owner named in the application will be the new Owner. If there is no contingent Owner, then Your estate becomes the new Owner.

Assignment - You may assign this policy with Proper Notice to Us. Your rights and the rights of any beneficiary will be secondary to the rights of the assignee. An assignment will be subject to any loan on this policy. If there are any irrevocable beneficiaries, You must obtain their consent before assigning Your policy. We assume no responsibility for the validity of an assignment. Unless otherwise specified by the Owner, the assignment will take effect on the date the notice is signed by the Owner, subject to any payments made or other action taken prior to Our receipt of this notice.

Beneficiary - The beneficiary will receive the Death Benefit proceeds of this policy upon the Insured's death. Beneficiaries are as named in the application unless later changed by You. You can name more than one beneficiary.

The interests of a beneficiary who dies before the Insured will pass to any surviving named beneficiaries unless You specify otherwise. If no beneficiary survives the Insured, You will be the beneficiary, or Your estate will be the beneficiary if You are the Insured.

Change of Owner or Beneficiary - While the Insured is living, You may transfer ownership or change the beneficiary of this policy by giving Proper Notice to Us. Unless otherwise specified by the Owner, a change will take effect on the date the notice is signed by the Owner. The change will not apply to any payments made or actions taken by Us before We receive the notice. An irrevocable beneficiary may be changed only with the written consent of that beneficiary.

Section 6. Life Insurance Qualification

It is intended that this policy be considered as life insurance for federal income tax purposes, notwithstanding any other provision of the policy to the contrary, in order to comply with Section 7702 of the Internal Revenue Code of 1986 or any other equivalent section of the Code.

We may make any reasonable adjustments to the conditions or terms of this policy if necessary to allow it to continue to qualify as life insurance. This provision is not a guarantee that this policy will receive tax treatment as life insurance. Additionally it does not guarantee that the tax treatment of life insurance will never change by the future actions of any tax authority. In order to ensure that this policy qualifies as life insurance, one of the tests described below will be applied to the policy. The Policy Data Page lists the test You selected. **If You did not select the test, the default test is the Guideline Premium Test.** The test selected **CANNOT** be changed after the Policy Date.

Guideline Premium Test - If at any time the premiums received exceed the amount allowable for tax qualification, the excess amount may be removed from the policy as of the date of its payment, together with interest thereon from such date, and any appropriate adjustment in the Death Benefit shall be made as of such date. This excess amount may be refunded within 60 days after the end of the applicable Policy Year. If this excess amount is not refunded within 60 days, the Total Face Amount under the policy shall be increased retroactively so that at no time is the Death Benefit ever less than the amount needed to ensure or maintain tax qualification. However, We will not refuse to accept any premium necessary to continue coverage but only if such premium would result in a zero Cash Value at the end of the Policy Year. Additionally, the minimum Death Benefit must be maintained.

Cash Value Accumulation Test - The minimum Death Benefit must be maintained. We may modify the Minimum Insurance Percentage shown on the Policy Data Page, retroactively if needed, to ensure or maintain qualification of this policy as a life insurance contract for federal income tax purposes, notwithstanding any other provision of this policy to the contrary.

Policy Changes Effect on Life Insurance Qualification Tests - Policy changes, such as a change in Death Benefit Option, Total Face Amount, or certain other policy changes, will frequently change the policy's limits under the selected Life Insurance Qualification Test. If any requested change would cause the policy to fail to qualify as life insurance for tax purposes We may refuse or limit the request.

Section 7. Death Benefit

Death Benefit – The Death Benefit is the amount of basic policy benefit that We pay to the beneficiary when We receive due proof that the Insured died while this policy was in force. Proof will consist of a certified copy of the death certificate, or other lawful evidence providing equivalent information, and proof of the beneficiary's interest in the Death Benefit proceeds in a form acceptable to Us. Coverage under this policy is effective on the later of the date the initial premium is paid or the Policy Date.

The Death Benefit proceeds are:

1. The Death Benefit provided by the Death Benefit Option in effect as of the date of death (Death Benefit Options are described below); plus
2. Any benefits provided by rider payable at the Insured's death; plus
3. Any unpaid dividends, if applicable; less
4. Any outstanding loan and loan interest as of the date of death.

If the Insured dies during the Grace Period, the Death Benefit paid on death will be equal to:

1. The Death Benefit provided by the Death Benefit Option in effect immediately prior to the start of the Grace Period; plus
2. Any benefits provided by rider payable at the Insured's death; less
3. Any outstanding loan and loan interest as of the date of death; less
4. The lesser of the overdue Monthly Deductions or the shortfall in total required premiums to maintain the No-Lapse Guarantee as of the start of the Grace Period.

Death Benefit Payment Options - The Death Benefit proceeds may be paid in a lump sum, under a Settlement Option as set forth in the Settlement Option section, or in any other way agreeable to You and Us. Before the Insured dies, You may choose how the Death Benefit proceeds are to be paid. If You have not made a choice before the Insured dies, the beneficiary may choose how the Death Benefit proceeds are paid. When part or all of the Death Benefit proceeds are paid in a lump sum, We will include interest from the date of death to the payment date. Interest will accrue:

1. At the rate applicable to the policy for funds left on deposit, as of the date of death;
2. At the rate listed in Item 1 above, plus additional interest at a rate of 10% annually beginning with the date that is 31 calendar days from the latest of items a, b, and c to the date the claim is paid, where it is:
 - a. The date that due proof of death is received by Us;
 - b. The date We receive sufficient information to determine Our liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and

- c. The date that legal impediments to payment of proceeds that depend upon the action of parties other than Us are resolved and sufficient evidence of the same is provided to Us. Legal impediments to payment include, but are not limited to:
1. The establishment of guardianships and conservatorships;
 2. The appointment and qualification of trustees, executors and administrators; and
 3. The submission of information required to satisfy state and federal reporting requirements.

Death Benefit Options -

Option 1 - The Death Benefit is equal to the greater of:

1. The Total Face Amount; or
2. The Account Value multiplied by the appropriate percentage from the Table of Minimum Insurance Percentages on the Policy Data Page.

Option 2 - The Death Benefit is equal to the greater of:

1. The Total Face Amount plus the Account Value; or
2. The Account Value multiplied by the appropriate percentage from the Table of Minimum Insurance Percentages on the Policy Data Page.

Option 3 - The Death Benefit is equal to the greater of:

1. The Total Face Amount plus Net Accumulated Premiums; or
2. The Account Value multiplied by the appropriate percentage from the Table of Minimum Insurance Percentages on the Policy Data Page.

Net Accumulated Premiums are continuously calculated based on the following steps:

1. It has an initial value equal to the Initial Premium;
2. It is increased by the amount of each subsequent premium;
3. It is decreased by each Partial Surrender but not to less than zero.

Section 8. Policy Changes

You may make the following changes to this policy as long as the policy is not in the Grace Period. We reserve the right, however, to not accept any change which might disqualify this policy as life insurance under federal tax law. Our acceptance of any of Your changes does not imply there will be no effect on the qualification of Your policy as life insurance as a result of Your changes.

The policy will be amended or endorsed to reflect the adjustment and its effect upon policy benefits, Required Premium for the No-Lapse Guarantee, Face Amount Charges, Surrender Charges and/or Cost of Insurance rates, if applicable, and any other applicable charges.

Increase the Face Amount of Insurance - You may request an increase of the Base Face Amount and/or the Supplemental Face Amount at any time after the date specified on the Policy Data Page by providing a proper written application and evidence of insurability satisfactory to Us. The amount of the increase must be at least equal to the minimum amount shown on the Policy Data Page, and is subject to Our underwriting limits. An increase in the Base Face Amount will generate its own Face Amount Charge and Surrender Charge schedule. If the policy is within the No-Lapse Guarantee Period, the Required Premium for the No-Lapse Guarantee will increase.

The effective date of the increase will be the Monthiversary date following Our approval of the increase.

Decrease the Face Amount of Insurance - You may request a decrease of the Total Face Amount by Proper Notice at any time after the date specified on the Policy Data Page. The minimum amount of any decrease is shown on the Policy Data Page. You may not make a decrease which reduces the Base Face Amount below the minimum amount shown on the Policy Data Page.

A decrease of the Total Face Amount will be effective on the Monthiversary following Our receipt of Proper Notice. If You have made any increases to the policy, the decrease will first be applied to reduce those increases, starting with the most recent increase. When Supplemental Face Amount is present on the Policy Date or as part of an increase it is assumed to have been added after any Base Face Amount which was effective on that same date. Therefore, decreases will reduce Supplemental Face Amount before reducing Base Face Amount which was issued on the same date. The decrease will not cause a reduction in the Required Premium for the No- Lapse Guarantee, the Face Amount Charge or the Surrender Charges.

Changing the Death Benefit Option - You may request the following changes in the Death Benefit Option by Proper Notice at any time after the date specified on the Policy Data Page. Changes from Option 1 to Option 3 and from Option 2 to Option 3 are not allowed.

Option 2 to 1

If You request a change from Option 2 to Option 1, the Total Face Amount will be increased by the amount of the Account Value on the date of change. The change will be effective on the Monthiversary following Our receipt of Proper Notice.

Option 1 to 2

If You request a change from Option 1 to Option 2, the Total Face Amount will be decreased by the amount of the Account Value on the date of change. We may require satisfactory evidence of insurability. The change will be effective on the Monthiversary following Our approval of the change. We will not permit a change which would decrease the Base Face Amount below the minimum amount shown on the Policy Data Page.

Option 3 to 1

If You request a change from Option 3 to Option 1, the Total Face Amount will be increased by the amount of the Net Accumulated Premiums on the date of change. The change will be effective on the Monthiversary following Our receipt of Proper Notice.

Option 3 to 2

If You request a change from Option 3 to Option 2, the Total Face Amount may be increased or decreased. If the Account Value is greater than the Net Accumulated Premiums, the Total Face Amount will be decreased by the difference between the Account Value and the Net Accumulated Premiums on the date of change. If the Account Value is less than the Net Accumulated Premiums the Total Face Amount will be increased by the difference between the Account Value and the Net Accumulated Premiums on the date of change. We may require satisfactory evidence of insurability.

The change will be effective on the Monthiversary following Our approval of the change. We will not permit a change which would decrease the Base Face Amount below the minimum amount shown on the Policy Data Page.

When changing a Death Benefit Option results in an increase in Total Face Amount, the initial Base Face Amount will be increased by the amount of the increase to the Total Face Amount. When changing a Death Benefit Option results in a decrease in Total Face Amount, the decrease will be applied to the Total Face Amount as if a decrease had been requested.

Changing a Death Benefit Option does not change the Face Amount Charges or the Surrender Charges. We may increase the Required Premium for the No-Lapse Guarantee. We will notify You of this requirement.

Section 9. Supplemental Face Amount at Age 100

On the Policy Anniversary on which the Insured reaches the Attained Age of 100, the following changes will occur:

1. Any coverage under the Supplemental Face Amount will expire;
2. You no longer have the right to add to the Supplemental Face Amount of the policy;
3. We will stop deducting any charges associated with the Supplemental Face Amount;
4. The Total Face Amount will be equal to the Base Face Amount.

Section 10. Base Face Amount Coverage at and after Age 121

On the Policy Anniversary on which the Insured reaches the Attained Age of 121, the following will occur:

1. We will stop deducting any Monthly Deductions;
2. We will stop accepting any new premium payments, except for those amounts required to keep the policy in force under the Grace Period;
3. Partial Surrenders will no longer be available;
4. Policy loans and loan repayments will continue. Interest will continue to accrue and be added to the outstanding loan balance;
5. We will continue to credit interest to the Account Value;
6. The Death Benefit will equal the Account Value.

NOTE: The policy may not continue to qualify as life insurance under federal tax law and You may be subject to adverse tax consequences. You should consult with a tax advisor before continuing Your policy at Age 121.

Section 11. Premiums

Payment of Premium - The initial premium is due on or before delivery of the policy. There will be no coverage under this policy until the later of the date the initial premium is paid or the Policy Date.

Premium payments after the initial premium payment must be made to Our Administrative Office. Each premium payment must be at least equal to the minimum premium payment shown on the Policy Data Page. We reserve the right to increase the minimum premium payment ninety (90) days after We send You Proper Notice of each increase.

The Planned Premium is the amount We will bill You or, in the case of Our automatic premium plan, the amount We will deduct from the account selected by You. The amount and Premium Mode of the Planned Premium as of the Policy Date are shown on the Policy Data Page.

You may request a change in the amount and Premium Mode of the Planned Premium, by Proper Notice, at a maximum of once per year. We reserve the right to change the Planned Premium to comply with Our rules for billing amounts and frequency. The approval of your request is subject to the limits described in this section.

If We agree, We will make the change and notify You of the new premium payments and when they are due. The Premium Mode You choose and the actual amount of premium payments will affect the Account Value and the period of time the policy remains in force. If the Planned Premium is not sufficient to satisfy the requirements of the No-Lapse Guarantee, then this policy is not guaranteed to remain in force.

If the payment of any premium would cause an increase in the Net Amount At Risk because of the Minimum Insurance Percentage, We may require satisfactory evidence before accepting it. If We accept the premium, We will allocate the Net Premium to Your Account Value on the date of Our acceptance. If We do not accept the premium, We will refund it to You.

If the payment of any premium would cause the contract to become a Modified Endowment Contract, We may make an effort to notify You; however, We are under no obligation to notify You. If We notify You, consistent with the terms of the notice, You may determine if You want the premium refunded to You. We reserve the right to refund any premiums causing the policy to become a Modified Endowment Contract.

Section 12. Policy Charges

Premium Expense Charges - The Premium Expense Charges are shown on the Policy Data Page. The Premium Expense Charges are deducted when the premium is received at Our Administrative Office. The Net Premium is the premium less the Premium Expense Charges.

Monthly Deduction - The Monthly Deduction is a charge made against the Account Value.

The Monthly Deduction is the sum of:

1. The Monthly Administrative Charge; plus
2. The Face Amount Charge; plus
3. The Cost of Insurance; plus
4. The cost for any policy riders.

The Monthly Deduction is deducted on the Policy Date and each Monthiversary. Monthly Deductions due on any Monthiversaries prior to the Policy Date are deducted on the Policy Date.

Monthly Administrative Charge - The Guaranteed Maximum Monthly Administrative Charge is shown on the Policy Data Page. A current Monthly Administrative Charge less than the Guaranteed Maximum Monthly Administrative Charge may be used at Our option.

Face Amount Charge – The Guaranteed Maximum Face Amount Charge on the Policy Date is shown on the Policy Data Page. If the Base Face Amount is increased after the Policy Date the Guaranteed Maximum Face Amount Charge will increase. A current Face Amount Charge less than the Guaranteed Maximum Face Amount Charge may be used at Our option.

Cost of Insurance - The Guaranteed Maximum Cost of Insurance Rates are shown on the Policy Data Page. A current Cost of Insurance rate less than the Guaranteed Maximum Cost of Insurance Rate may be used at Our option. If You increase or decrease the Total Face Amount after the Policy Date, each change may have different applicable Cost of Insurance rates.

The Cost of Insurance is equal to the Cost of Insurance rate multiplied by the Net Amount At Risk determined as of the date of the Monthly Deduction. The Net Amount At Risk is:

1. The Death Benefit on the Monthiversary divided by the Guaranteed Interest Factor; less
2. The Account Value.

The Account Value will first be considered part of the initial Total Face Amount, then part of any additional Total Face Amounts in the order of the increases. For the initial Total Face Amount and for any increases, Account Value is allocated to Base Face Amount issued on the same date prior to Supplemental Face Amount on that date.

Surrender Charge - We will deduct the Surrender Charge from the Account Value on the date this policy is surrendered for cash. The Surrender Charge is shown on the Policy Data Page.

Changes in Cost Factors - We may change the Cost of Insurance rates, Monthly Administrative Charge, Face Amount Charge and any other variable charge up to the maximum guaranteed amounts stated in this policy. Any change will be based on changes in expected mortality, expenses, taxes, regulatory environment, investment earnings, or persistency.

Section 13. Policy Values

Account Value - The Account Value on the Policy Date of this policy is the initial Net Premium received for this policy as of the Policy Date, less any Monthly Deduction charged as of the Policy Date.

The Account Value on a Monthiversary after the Policy Date will be:

1. The Account Value on the prior Monthiversary; plus
2. One month's credited interest; plus
3. Any Net Premium received since the preceding Monthiversary, with pro rata interest; less
4. Any Partial Surrender taken since the prior Monthiversary, with pro rata interest; less
5. Any Monthly Deduction assessed.

On any day other than a Monthiversary, the Account Value is:

1. The Account Value on the preceding Monthiversary, with pro rata interest; plus
2. Any Net Premium received since the preceding Monthiversary, with pro rata interest to the date of calculation; less
3. Any Partial Surrenders since the preceding Monthiversary with pro rata interest to the date of calculation.

Cash Value - The Cash Value of this policy is:

1. The Account Value of this policy; less
2. The surrender charge, if any, shown on the Policy Data Page.

Cash Surrender Value - The Cash Surrender Value is the Cash Value less any outstanding loan and loan interest.

Section 14. Loans

Loans - You may request a loan at any time after the Right To Examine period while the policy is not in the Grace Period. This policy is assigned to Us as sole security for the loan.

If the total indebtedness including interest due and accrued exceeds the Cash Value of the policy, then the policy shall terminate, but not until at least thirty (30) days advance notice of termination is mailed to You and any assignee of record. Refer to the Grace Period section of Your policy.

The minimum amount of a new loan is shown on the Policy Data Page. The maximum amount of a new loan is:

1. 100% of the Account Value; less
2. Any loan interest due on the next Policy Anniversary; less
3. Any applicable surrender charges; less
4. Three months of Monthly Deductions; less
5. Any existing loans and accrued loan interest.

Loan Account – The portion of the Account Value which is collateral for the loan amount. At the time any loan is issued, an amount of the Account Value equal to the loan is set aside into a Loan Account as collateral for the loan.

Interest Charged on Loans - Interest accrues daily from the date of the loan at the rate shown on the Policy Data Page. Interest is due on the Policy Anniversary. Any interest not paid when due will be added to the amount of the loan.

Interest Credited on Loans – The Loan Account will be credited with interest daily at a rate at least equal to the rate shown on the Policy Data Page. We may credit a higher rate.

A loan has a permanent effect on the policy values even if the loan is repaid, since the Loan Account earns different rates than it might have experienced if it were an unloaned portion of the Account Value.

Repayment of Loans - A loan may be paid in full or in part at any time while this policy is in force and the Insured is alive. When a loan repayment is made, the amount of the Loan Account equivalent to the amount of loan repayment is placed into the Account Value.

Unless You request otherwise at the time You make any payments to Us, all amounts received while a loan is outstanding will be considered as premium payments.

Section 15. Surrender

Partial Surrender – You may surrender part of this policy for cash at any time after the date specified on the Policy Data Page by Proper Notice to Us. The amount of any Partial Surrender must be at least equal to the minimum amount shown on the Policy Data Page. The amount surrendered is deducted from the Account Value and therefore also reduces the Cash Value. The Partial Surrender will take effect the date the notice is signed.

The Total Face Amount will be reduced by the amount of the Partial Surrender. The decrease will be applied to the Total Face Amount as if a decrease had been requested. (Refer to the Policy Changes section of your policy.) The remaining Base Face Amount must be at least equal to the minimum amounts shown on the Policy Data Page.

Reduction Free Partial Surrenders - In some situations You may surrender part of this policy without the full amount causing a decrease to the Total Face Amount. If the Partial Surrender is less than or equal to the Reduction Free Partial Surrender, the Total Face Amount is not decreased. If the Partial Surrender is greater than the Reduction Free Partial Surrender the Partial Surrender will be viewed as two withdrawals. The first amount will be taken as the Reduction Free Partial Surrender; the remaining Partial Surrender amount will decrease the Total Face Amount as explained above.

Under Death Benefit Option 2:

An amount equal to any Partial Surrender will be deducted from the Account Value. Partial Surrenders will not affect the Total Face Amount. Your Death Benefit will continue to be determined in accordance with the Death Benefit section of Your policy.

Under Death Benefit Option 1:

The Reduction Free Partial Surrender Amount is equal to the greater of zero (0) and the difference between (a) and (b) where:

- (a) is the Account Value; and
- (b) is the Total Face Amount divided by the applicable Minimum Insurance Percentage.

If the Reduction Free Partial Surrender Amount is equal to zero (0), then a Partial Surrender will result in a reduction in Total Face Amount by the amount surrendered. Any reduction will be processed in the same manner as a requested decrease. The remaining Base Face Amount must be at least equal to the minimum amount shown on the Policy Data Page.

Under Death Benefit Option 3:

The Reduction Free Partial Surrender Amount is equal to the greater of Net Accumulated Premiums and the difference between (a) and (b) where:

- (a) is the Account Value; and
- (b) is the Total Face Amount divided by the applicable Minimum Insurance Percentage.

If the Reduction Free Partial Surrender Amount is equal to zero (0), then a Partial Surrender will result in a reduction in Total Face Amount by the amount surrendered. Any reduction will be processed in the same manner as a requested decrease. The remaining Base Face Amount must be at least equal to the minimum amount shown on the Policy Data Page.

Full Surrender - At any time after the Right to Examine period, You may surrender this policy for the Cash Surrender Value by Proper Notice to Us. If the policy is surrendered within 30 days following a Policy Anniversary, the Cash Surrender Value paid shall not be less than the value as of the Policy Anniversary. The Full Surrender will take effect the date the notice is signed.

Section 16. No-Lapse Guarantee

Your policy contains a No-Lapse Guarantee. During the No-Lapse Guarantee Period as shown on the Policy Data Page, if the Cash Surrender Value is insufficient to pay the Monthly Deduction, then Your policy will remain in force and will not begin the Grace Period if it satisfies the No-Lapse Guarantee Test listed below. While the policy is being maintained under the No-Lapse Guarantee, charges unable to be deducted will be waived.

The Required Premium for the No-Lapse Guarantee is shown on the Policy Data Page. If You make changes to the policy during the No-Lapse Guarantee Period, such as an increase or decrease in the Base Face Amount and/or Supplemental Face Amount, Death Benefit Option changes or additions/deletions of any riders, then the Required Premium for subsequent months may change. We will send You notice of the new Required Premium. Changes to the policy after the No-Lapse Guarantee Period has terminated will not begin a new No-Lapse Guarantee Period.

Your Cash Surrender Value at the end of the No-Lapse Guarantee Period may be insufficient to keep this policy in force unless an additional premium is paid. We will notify You of the amount of the required additional premium.

No-Lapse Guarantee Test - Your policy will satisfy this test if on any Monthiversary where the Grace Period would normally begin, the sum of the premiums paid to date, less any Partial Surrenders and any outstanding loan and loan interest, equals or exceeds the sum of the accumulated Required Premium for the No-Lapse Guarantee (without interest) since the Policy Date.

If this test is failed on a Monthiversary when the Cash Surrender Value is insufficient to pay the Monthly Deduction, then the Grace Period will begin. The Grace Period notice will be sent which requests the lesser of:

1. The Grace Period amount defined in the Termination of the Policy section; or
2. The sum of:
 - a. The accumulated Required Premium for the No-Lapse Guarantee (without interest) since the Policy Date; less
 - b. The sum of the premiums received less any Partial Surrenders and any outstanding loans and loan interest to the end of the Grace Period; plus
 - c. The Required Premium for the No-Lapse Guarantee for the Grace Period.

Section 17. Termination Of The Policy

Grace Period – Unless the No-Lapse Guarantee applies, the Grace Period begins on the Monthiversary when the Cash Surrender Value is less than the Monthly Deduction. This policy goes into default at the start of the Grace Period. We will send You written notice of the Grace Period and the amount of premium due. The amount of premium due will be the amount necessary to enable funding of the Monthly Deductions through the Grace Period, less the remaining Cash Surrender Value. This notice will be sent to the last known address of the Owner and any assignee of record at least thirty-one (31) days before termination. The Grace Period shall terminate sixty-one (61) days after the Monthiversary. If the premium due is not paid by the end of the Grace Period, all insurance stops and the policy terminates without value. For payment sent by U.S Mail, the premium is considered paid if it is postmarked within the Grace Period.

Termination - This policy will terminate and all insurance will stop on the earliest of:

1. The date You sign surrender documentation, given that all reasonable steps have been taken to deliver Proper Notice to Us; or
2. When the Insured dies; or
3. At the end of the Grace Period if the premium due is not paid.

Reinstatement - You may reinstate this policy by Proper Notice to Us within five (5) years of the date the policy terminated if:

1. The policy had not been surrendered for its Cash Surrender Value; and
2. Satisfactory evidence of insurability is provided to Us; and
3. Payment is made of the sum of the sufficient premiums,
 - a. To cover past due Monthly Deductions during the Grace Period; plus,
 - b. The premium necessary to keep this policy in force for three (3) months; and
4. Interest on any loan amount which is reinstated is paid at the annual rate applicable to policy loans during the period of lapse, from the date the Grace Period ended.

The effective date of the reinstatement is the next Monthiversary following Our approval of the reinstatement.

The Account Value on the effective date of reinstatement is equal to the Account Value at the time of termination, adjusted for past due charges during the Grace Period, plus the premium paid at the time of reinstatement. The Surrender Charge will be based on the number of Policy Years from the original Policy Date.

Section 18. Other Policy Provisions

Deferral of Payments - We may defer any payment from the Account Value or a loan request for up to six (6) months. If We do, interest on the Account Value will continue to be earned at the declared rates. We will not defer any amounts needed to pay premiums for any policies in force with Us.

Dividends - As long as this policy is in force, You will receive any dividends declared by Us. It is anticipated that no dividends will be declared. The amount of any dividend will be applied to increase the Account Value unless You request it to be paid in cash.

Annual Statement - At least once a year We will send You a statement showing:

1. The beginning and ending dates of the current statement period;
2. The Account Value, if any, at the beginning of the current statement period and at the end of the current statement period;
3. Amounts debited or credited identified by type. For example, premium payments, Cost of Insurance, expense charges and surrender amounts;
4. Amounts at the end of the current statement period for:
 - a. Current Death Benefit;
 - b. Cash Value, if any;
 - c. Amount of outstanding loans, if applicable.

If the Cash Surrender Value is such that it will not maintain insurance in force until the end of the next reporting period, a notice of this will be included in the statement.

You may request other information about this policy, including a hypothetical illustration of future policy benefits and values, once a year and without charge. After one illustration per year is provided at no cost, We may charge an amount up to \$50.00 for subsequent requests.

Conformity With Laws - We reserve the right to make any changes without Your consent that are necessary to comply with any federal or state statute, rule, or regulation.

Computations - Calculations are based on the mortality table referenced on the Table Of Monthly Guaranteed Maximum Cost of Insurance Rates. Interest on the Account Value is compounded daily.

A statement of the basis of the charges and the method of computation has been filed with the Interstate Insurance Product Regulation Commission.

Any Cash Values available under this policy are not less than the minimum values and benefits required under the NAIC Universal Life Insurance Regulation, model #585.

Section 19. Settlement Options

Options - All or any part of the proceeds paid at death or upon full surrender of this policy may be paid in one lump sum or according to one of the following options:

1. **Income for a Fixed Period.** Proceeds are payable in equal monthly installments for a specified number of years, not to exceed twenty (20).
2. **Life Annuity.** Proceeds are paid in equal monthly installments for as long as the payee lives. A minimum number of payments can be a guaranteed number, such as one hundred and twenty (120), or the number of payments required to refund the proceeds applied.
3. **Survivorship Annuity.** Proceeds are paid in monthly installments for as long as either the first payee or surviving payee lives. A minimum number of payments equal to the initial payment can be guaranteed, such as one hundred and twenty (120). A different monthly installment payable to the surviving payee can be specified.

The annuity benefits at the time of their commencement will not be less than those that would be provided by the application of the Cash Surrender Value to purchase a single consideration immediate annuity contract at purchase rates offered by Us at the time to the same class of annuitants.

The proceeds of this policy may be paid in any other method or frequency of payment acceptable to Us.

Policy proceeds payable in one lump sum will accumulate interest from the date of death or surrender to the payment date at the rate of interest then paid by Us or at the rate specified by statute, whichever is greater.

Selection - You may select or change an option by giving Us Proper Notice prior to the settlement date. If no option is in effect on the settlement date, the payee may select an option. If this policy is assigned or if the payee is a corporation, association, partnership, trustee or estate, a settlement option will be available only with Our consent.

Payments - We will determine the amount payable under any option. The minimum interest rate used in computing payments under all options will be 2% per year. The settlement option tables show the guaranteed monthly payments available under options 1, 2 and 3. The amounts shown are for exact Adjusted Ages. The values for other Ages and fractional Ages not shown will be calculated on the same basis as those shown and will be furnished upon request.

If the monthly payment under a chosen settlement option is less than \$100, We may require that payments be made on a less frequent basis.

Adjusted Age - An Adjusted Age is calculated as follows:

- a. Determine a payee's actual Age in years and full months on the date payments are to begin.
- b. Subtract 1.5 months for each year the payee's year of birth exceeds 1900.

Death of Last Payee - If a payee dies and there is no surviving payee, We will pay a single sum to such payee's estate. The final payment will be the commuted value of any remaining guaranteed payments.

Claims of Creditors - Settlement option payments will be exempt from the claims of creditors to the maximum extent permitted by law.

SETTLEMENT OPTION TABLES
Guaranteed Monthly Income Per \$1,000 of Proceeds
OPTION 1 - Income for a Fixed Period

Number of Years	Monthly Income	Number of Years	Monthly Income
1	\$84.09	11	\$8.42
2	42.46	12	7.80
3	28.59	13	7.26
4	21.65	14	6.81
5	17.49	15	6.42
6	14.72	16	6.07
7	12.74	17	5.77
8	11.25	18	5.50
9	10.10	19	5.26
10	9.18	20	5.04

Quarterly Income is 2.993 times the monthly income and annual income is 11.839 times the monthly income.

OPTION 2 - Life Annuity

The amount of income is based on the Adjusted Age of the payee on the date of the first payment. The 2000 Basic Mortality Table and 2% interest is used.

Age of Payee	Number of Guaranteed Payments			Age of Payee	Number of Guaranteed Payments		
	None	120	Refund*		None	120	Refund*
55	\$3.68	\$3.65	\$3.49	63	4.50	\$4.42	\$4.11
56	3.76	3.73	3.56	64	4.63	4.54	4.21
57	3.85	3.82	3.62	65	4.77	4.67	4.31
58	3.94	3.90	3.70	66	4.92	4.80	4.42
59	4.04	4.00	3.77	67	5.09	4.94	4.53
60	4.14	4.09	3.85	68	5.26	5.09	4.65
61	4.25	4.19	3.93	69	5.45	5.25	4.78
62	4.37	4.30	4.02	70	5.65	5.41	4.92

*The sum of all guaranteed payments will equal the amount applied under this option.

OPTION 3 - Survivorship Annuity

The amount of income is based on the Adjusted Age of each of the payees on the date of the first payment. The 2000 Basic Mortality Table and 2% interest is used.

**50% to Survivor
120 Guaranteed Payments**

**100% to Survivor
120 Guaranteed Payments**

Payee #1	Age	Payee #2					Payee #1	Age	Payee #2				
		50	55	60	65	70			50	55	60	65	70
	50	\$3.31	\$3.48	\$3.66	\$3.88	\$4.11		50	\$2.96	\$3.06	\$3.15	\$3.21	\$3.25
	55	3.48	3.65	3.86	4.10	4.36		55	3.06	3.22	3.35	3.46	3.54
	60	3.66	3.86	4.09	4.36	4.66		60	3.15	3.35	3.55	3.73	3.87
	65	3.88	4.10	4.36	4.67	5.01		65	3.21	3.46	3.73	4.00	4.24
	70	4.11	4.36	4.66	5.01	5.41		70	3.25	3.54	3.87	4.24	4.61

Income for other combinations of Ages will be furnished upon request.

**NOTICE OF ANNUAL MEETING OF MEMBERS OF AMERICAN
UNITED MUTUAL INSURANCE HOLDING COMPANY**

Policyholders of Pioneer Mutual Life Insurance Company, a stock subsidiary of American United Mutual Insurance Holding Company, are members of American United Mutual Insurance Holding Company. The regular annual meeting of the members of American United Mutual Insurance Holding Company shall be held at its principal place of business on the third Thursday in February of each year at ten o'clock A.M. local time or at such other location, place, or time as may be designated by the Board of Directors. The election of directors shall be held at the annual meeting.

*Pioneer Mutual Life Insurance Company
Fargo, North Dakota*

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY
ADJUSTABLE DEATH BENEFIT
PERIOD OF COVERAGE NOT GUARANTEED
PARTICIPATING – DIVIDENDS ARE NOT GUARANTEED
It is anticipated that no dividends will be declared.**

This policy is a legal contract between the Owner and PML.

Pioneer Mutual Life Insurance Company
A stock subsidiary of American United Mutual Insurance Holding Company
[101 North 10th Street
Fargo, ND 58102]

ACCELERATED DEATH BENEFIT RIDER

NOTE: RECEIPT OF THE ACCELERATED DEATH BENEFIT MAY BE TAXABLE. PLEASE SEEK ASSISTANCE FROM A PERSONAL TAX ADVISOR.

Payment of the accelerated Death Benefit under the terms of this rider will reduce the Death Benefit, the Account Value, Cash Value, the Cash Surrender Value, and the Cost of Insurance.

This rider is a part of the policy to which it is attached. The Policy Date of this rider is the same as the Policy Date of the policy unless otherwise stated on the Policy Data Page. The rider's provisions shall control when there is a conflict between this rider and the policy.

Definitions-

Benefit Ratio. Is the acceleration percentage which is the result of dividing (a) by (b) where;

- (a) is the requested portion of the Eligible Amount subject to the limitations as shown in the Benefit Amount section of this rider; and
- (b) the Eligible Amount.

Immediate Family. Is the spouse, child, brother, sister, parent or grandparent of the Insured or the Owner. This includes adopted, in-law and step-relatives.

Insured. As used in this rider, the Insured is the same as the Insured for the policy.

Eligible Amount. Is the Death Benefit of the policy at the time the first Notice of Claim is received at Our Administrative Office. The benefit under this rider extends only to the Insured under the policy and not to any other individual covered for additional benefits.

Physician. Physician means any licensed practitioner who is legally qualified and licensed by the state in which he or she is practicing and is operating within the scope of that license. Physician must be a person other than the Insured or Owner, a member of the Insured's or Owner's Immediate Family or a business associate.

Qualifying Event. A specified medical condition that, in the absence of extensive or extraordinary medical treatment, results in a drastically limited life span. A drastically limited life span is a life span of twelve (12) months or less.

Benefit – If the Insured has a Qualifying Event while covered under the policy to which this rider is attached, the Owner may request payment of the accelerated Death Benefit subject to the conditions of this rider.

Conditions – To be eligible to receive an acceleration of Death Benefit:

- (1) The policy must be in force other than as extended term or reduced paid-up; and
- (2) The Insured must have a Qualifying Event while covered under the policy to which this rider is attached; and
- (3) We receive Proof of Qualifying Event; and
- (4) Prior to the payment of the accelerated Death Benefit, We will obtain from any assignee other than Ourselves or any irrevocable beneficiary a signed acknowledgement agreeing to the payment of the acceleration of Death Benefit.

Benefit Amount-

The minimum accelerated Death Benefit amount available on the policy is \$5,000. The maximum accelerated Death Benefit amount available is the lesser of \$500,000 or 50% of the Eligible Amount.

The requested portion of the Eligible Amount will be subject to the following adjustments and deductions:

- (1) We will pay the present value of the policy Death Benefit that is being accelerated. An actuarial discount based on mortality and interest will be deducted from the requested portion of the Eligible Amount. This discount reflects the early payment of the amounts of the Death Benefit that is being accelerated. It will be based on mortality rates and an annual interest rate which have been declared by Us and the Cost of Insurance rates, which are in effect as of the date Notice of Claim is received at Our Administrative Office. The maximum interest rate used shall be the greater of the yield on ninety (90) day treasury bill or the maximum statutory adjustable policy loan interest rate in effect upon the date of request.
- (2) If on the date we approve your request, there is a policy loan outstanding on the policy, we will apply a portion of the accelerated Death Benefit to repay the loan. The amount used to repay the loan will not exceed the amount of the outstanding policy loan multiplied by the Benefit Ratio.
- (3) An administrative fee of not more than \$250.

Effect of Benefit Payments – When benefits are paid:

- (1) The Death Benefit will be reduced by the amount of the Death Benefit being accelerated.
- (2) The Total Face Amount, Account Value, any outstanding policy loans, Cash Value, and Cash Surrender Value will be reduced by the Benefit Ratio.

- (3) The Cost of Insurance will be reduced to the Cost of Insurance that would apply had the policy been issued at the reduced amount.
- (4) When a part of the Death Benefit remains after the payment of the accelerated Death Benefit the following applies:
 - (A) The policy will be modified by Us and the endorsement will include a statement of Cash Values, policy loans, premiums, COI charges and Death Benefit;
 - (B) If dividends on the policy are credited, this credit will not be affected by the acceleration of Death Benefits
- (5) Prior to or beginning with the election to accelerate the Death Benefit, the Owner and any irrevocable beneficiary will be provided a statement showing the effect of this acceleration on the Cash Value, Death Benefit, premium, COI charges (see 3 above), and any outstanding policy loans. It will include any premium or COI charges necessary to continue coverage following acceleration, and all expenses and charges associated with the acceleration.

Payment of Benefit-

- (1) The payment of the acceleration of Death Benefit will be remitted as a single lump sum. Payment is due upon receipt of the written Proof of Qualifying Event.
- (2) The amount payable as a lump sum will be at least equal to the Benefit Ratio multiplied by the current policy Cash Surrender Value. The current Cash Surrender Value shall include any termination dividend payable on the surrender of the policy.
- (3) If the Owner has requested the acceleration of the Death Benefit and We are notified of the Insured's death before We remit payment, the request for the acceleration of the Death Benefit will be cancelled and the Death Benefit will be paid according to the policy.
- (4) The accelerated Death Benefit is paid to the Owner or the Owner's estate while the Insured is living, unless the benefit has been otherwise assigned or designated by the Owner.

Notice of Claim - Written request for the acceleration of the Death Benefit and Proof of Qualifying Event must be given to Us at any time after the date the Insured has a Qualifying Event. The notice must identify the Insured and be sent to Us at Our Administrative Office.

Claim Forms - After We receive Your request, We will send claim forms within 15 days. If We do not, the Proof of Qualifying Event will be met if written proof of the Qualifying Event is sent to Us at Our Administrative Office. Written proof will include covering the occurrence, the character and extent of the occurrence of the Qualifying Event.

Proof of Qualifying Event – We must receive proof of the Insured’s Qualifying Event before We will make an accelerated Death Benefit payment. This proof will include a properly completed Claim Form and a Physician’s statement acceptable to Us. We may request additional medical information from the Physician acceptable to Us detailing the nature and extent of the Qualifying Event.

Physical Examination - We have the right to require a second or third medical opinion to confirm eligibility for payment of the accelerated Death Benefit. The second or third opinion is at Our expense and may include a physical examination by a Physician designated by Us. If there are conflicting opinions, eligibility for benefits shall be determined by a third medical opinion that is mutually acceptable to the Insured and Us.

Incontestability - This rider will not be contested after it has been in force during the lifetime of the Insured for two years from the Policy Date, except for fraud when permitted by applicable law in the state where the policy is delivered or issued for delivery.

Nonforfeiture Values - This rider does not have any Account Value, Cash Value, Cash Surrender Value, or loan value.

Reinstatement - If the policy is reinstated, this rider will also be reinstated provided the maximum accelerated Death Benefit has not been paid under this rider.

Termination – This rider terminates on the earliest of the following dates:

- (1) The date of termination of the policy;
- (2) The date the Insured dies;
- (3) Upon written request of the policy Owner;
- (4) The date the policy lapses or is exchanged for a paid-up policy; and/or
- (5) The date the maximum accelerated Death Benefit is paid.

Termination of the rider will not prejudice the payment of the accelerated Death Benefit for the Qualifying Event that occurred while the rider was in force.

Signed for Pioneer Mutual Life Insurance Company by,



Secretary

Pioneer Mutual Life Insurance Company
A stock subsidiary of American United Mutual Insurance Holding Company
[101 North 10th Street
Fargo, ND 58102]

CHILDREN'S TERM INSURANCE RIDER

This rider is a part of the policy to which it is attached. The Policy Date of this rider is the same as the Policy Date of the policy unless otherwise stated on the Rider Specifications Page. The rider's provisions shall control when there is a conflict between this rider and the policy.

Definitions

Insured – As used in this rider, the Insured is the same as the Insured for the policy.

Insured Child – Insured Child means each child, stepchild, or legally adopted child of the Insured who is older than 14 days and is either:

1. Named in the application and under Age 18 on the date of application for this rider; or
2. After the date of application, born of the Insured or legally adopted by the Insured before the Insured Child's 18th birthday and upon Proper Notice received at our Administrative Office.

Benefit

We will pay to the beneficiary the amount of the insurance provided by this rider upon receipt of proof of the death of an Insured Child. Proof will consist of a certified copy of the death certificate, or other lawful evidence providing equivalent information. An Insured Child's death must occur while this rider is in force. The amount of insurance for this rider is shown on the Rider Specifications Page of your policy. The amount of term insurance per unit on each Insured Child is \$1,000 (\$500 before 6 months of age) with the Expiry Date being on the earlier of:

1. The Insured Child's 22nd birthday; or
2. The Policy Anniversary nearest the Insured's 65th birthday.

Nonforfeiture Values

Unless this rider is in force as Paid-Up Term Insurance, this rider does not have a Cash Surrender Value. This rider does not have a loan value.

Paid-Up Term Insurance On Death Of Insured

If the Insured dies while this rider is in force, the term insurance on each Insured Child will become fully paid-up. Insurance coverage provided by the paid-up term insurance on each Insured Child expires upon the Insured Child's 22nd birthday. The paid-up term insurance may be surrendered for its Cash Value while an Insured Child is living. The Cash Value will be equal to the net single premium for this insurance on the date of surrender. A Cash Value within 30 days after a Policy Anniversary will not be less than the Cash Value on that Policy Anniversary. Net single premiums are based on the

Commissioner's 2001 Standard Ordinary Mortality Table with interest at 4% per year and continuous functions. A table of cash values will be furnished by Us upon request.

Beneficiary

A beneficiary for the insurance payable on the death of each Insured Child may be named or changed as provided in the policy. If no beneficiary is specifically named, the beneficiary is the Insured, if living; otherwise the beneficiary is the estate of the Insured Child.

Owner

The Owner of the policy is the Owner of this rider. Upon the Owner's death, each Insured Child will be the Owner of any insurance on his or her own life unless otherwise specified in the policy.

Conversion Option

The term insurance on each Insured Child may be converted on its Expiry Date to a new policy on the same life. The new policy will be issued without evidence of insurability subject to the following conditions:

1. We must receive a written application for the new policy and receive payment of the first premium during the 90 days immediately preceding the date the term insurance expires.
2. The new policy will take effect when the insurance provided by this rider expires.
3. The new policy may be issued for not less than the amount of this rider's insurance expiring on the Insured Child and may be issued with a maximum of five (5) times this rider's insurance on the Insured Child.
4. Any plan of insurance (except term insurance) offered by Us on the Policy Date of the new policy may be selected.
5. The new policy will be issued at the Insured Child's Attained Age and at the rates in effect on the new policy's Policy Date.
6. A Credit of Premium for Disability Rider and a Guaranteed Insurability Option Rider may be attached to the new policy without evidence of insurability. A disability benefit in the new policy will apply only if the total disability begins after its Policy Date. The amount of the Guaranteed Insurability Option Rider may not exceed the amount of expiring rider's insurance. The inclusion of any other riders in the new policy will be subject to Our consent and satisfactory evidence of insurability for such benefits.
7. The suicide and contestable periods of the new policy will not start anew but will be measured from the Policy Date of this rider.

Incontestability

This rider will not be contested as to the insurance provided on the life of any Insured Child named on the application for this rider after it has been in force during the lifetime of that Insured Child for two (2) years from the Policy Date of this rider, except for non-payment of premium or fraud when permitted by applicable law in the state where the policy is delivered or issued for delivery. If a child is added to this rider at a later date, the rider will not be contested as to the insurance provided on the life of that Insured Child after two (2) years from the effective date of coverage.

Suicide

If an Insured Child commits suicide, while sane or insane, within two (2) years from the Policy Date of this rider the amount payable by Us under this rider will be limited to the monthly deductions made for this rider. The insurance provided by this rider for that Insured Child will terminate without value when that death occurs.

Cost of Benefit

The cost for this rider is determined monthly and deducted from the Account Value of the policy on each Monthiversary until the rider terminates. The monthly cost for this rider is shown on the Rider Specifications Page of the policy.

Reinstatement

This rider may be reinstated if the policy to which it is attached is reinstated. To reinstate this rider, We require evidence of each Insured Child's insurability that meets our standards. The Incontestability provision will apply for two (2) years from the date the rider is reinstated with regard to statements made in the application for reinstatement.

Termination – This rider will terminate on the earliest of the following dates:

1. The Expiry Date of this rider;
2. Upon nonpayment of the monthly cost of this rider;
3. The date the policy is terminated or continued as paid-up or extended term insurance;
4. The Monthiversary following the date requested in writing by the Owner; or
5. Upon the death of the last surviving Insured Child.

Signed for Pioneer Mutual Life Insurance Company by,



Secretary

Pioneer Mutual Life Insurance Company
A stock subsidiary of American United Mutual Insurance Holding Company
[101 North 10 Street
Fargo, ND 58102]

GUARANTEED INSURABILITY RIDER

This rider is a part of the policy to which it is attached. The Policy Date of this rider is the same as the Policy Date of the policy unless otherwise stated on the Rider Specifications Page. The rider's provisions shall control when there is a conflict between this rider and the policy.

Definitions

Insured - As used in this rider, the Insured is the same as the Insured for the policy.

Option Date – The date You are eligible to increase the Base Face Amount of insurance of the policy to which this rider is attached. The maximum amount of insurance You chose to increase on an Option Date is shown on the Rider Specifications Page.

Benefit

You have the option to increase the Base Face Amount of insurance under the policy without evidence of insurability or change in premium class. The option may be exercised on each Option Date while this rider is in force subject to the following conditions:

- (1) You must send Us a written application for the increase during the 90 days before the Option Date. If you exercise an alternative Option Date, proof of marriage, birth, adoption, or mortgage giving rise to the option must accompany the application.
- (2) The increase in Base Face Amount may be any amount that does not exceed the amount You selected at the time of application, as shown on the Rider Specifications Page. However, aggregate increases in Base Face Amount due to the exercise of options under this rider cannot exceed the amount shown on the Rider Specification Page.
- (3) The increase will take effect on the Option Date. If you exercise an alternative Option Date, we will cancel the next regular Option Date not previously cancelled.
- (4) If a Waiver of Monthly Deductions Disability Rider is attached to the policy, it will apply to the increase in the Base Face Amount. If we are waiving Monthly Deductions for the policy on the Option Date, We will automatically increase the Base Face Amount by the option amount and waive the Monthly Deductions applicable to the increase for as long as We waive the Monthly Deductions for the policy.
- (5) If the Insured is not the Owner of the policy, the Insured must agree in writing to the increase.

- (6) A new Required Premium for the No-Lapse Guarantee for this contract will be determined for any No-Lapse Guarantee in effect on the effective date of the increase.

Option Dates

Regular Option Dates occur on each of the Policy Anniversaries on which the Insured's Attained Age nearest birthday is 22, 25, 28, 31, 34, 37, 40 and 43.

We will allow an alternative Option Date on the third Monthiversary following the date of:

- (1) The Insured's marriage;
- (2) The birth of a living child of the Insured;
- (3) The legal adoption by the Insured of a child less than 18 years of age;
- (4) Obtaining a new mortgage to purchase a new primary residence. This is limited to one Option Date per lifetime.

If We have received the written application requesting an increase and the Insured dies before the Option Date, any additional life insurance benefits requested will not take effect. Any monthly cost of this rider that was paid related to that application will be refunded.

Incontestability

This rider will not be contested after it has been in force during the Insured's lifetime for two (2) years from the Policy Date or the effective date of the rider, except for non-payment of premium or fraud when permitted by applicable law in the state where the policy is delivered or issued for delivery.

Nonforfeiture Values

This rider does not have any Account Value, Cash Value, Cash Surrender Value, or loan value.

Reinstatement

Reinstatement of the policy will reinstate this rider only for the Option Dates occurring after the date of reinstatement.

Cost of Benefit

The cost for this rider is determined monthly and deducted from the Account Value of the policy on each Monthiversary until the rider terminates.

The monthly cost factors for this rider are based on the Insured's Age as of the Policy Date, or the effective date of the rider, and are shown on the Rider Specifications Page. The monthly cost for this rider is the monthly cost factor times the amount of the option (in thousands).

Termination – This rider terminates on the earliest of the following dates:

- (1) The Expiry Date is the Policy Anniversary nearest the Insured's 43rd birthday;
- (2) The date that the aggregate limit of increases in Base Face Amount is reached;
- (3) The date the policy is terminated or continued as paid-up or extended term insurance;
- (4) The Monthiversary following the date requested by You in writing;
- (5) Upon nonpayment of the monthly cost for the rider; and
- (6) Upon expiration of the last Option Date.

Signed for Pioneer Mutual Life Insurance Company by,

A handwritten signature in black ink, appearing to read "Thomas J. [unclear]", written in a cursive style.

Secretary

Pioneer Mutual Life Insurance Company
A stock subsidiary of American United Mutual Insurance Holding Company
[101 North 10th Street
Fargo, ND 58102]

OTHER INSURED TERM INSURANCE RIDER

This rider is a part of the policy to which it is attached. The Policy Date of this rider is the same as the Policy Date of the policy unless otherwise stated on the Rider Specifications Page. The rider's provisions shall control when there is a conflict between this rider and the policy.

Definitions

Insured - As used in this rider, the Insured is the same as the Insured for the policy.

Other Insured - Other Insured means each person named under this rider as shown on the Rider Specifications Page. More than one Other Insured may be named.

Beneficiary - The Beneficiary for an Other Insured's insurance may be named or changed as provided in the policy. If no Beneficiary is specifically named, the Beneficiary will be the Owner of the policy.

Benefit

We will pay to the Beneficiary the amount of insurance listed on the Rider Specifications Page:

- (1) If the Other Insured has died while this rider is in force prior to the Expiry Date of coverage as listed on the Rider Specifications Page; and
- (2) Upon receipt of proof of death. Proof of death will consist of a certified copy of the death certificate, or other lawful evidence providing equivalent information, and proof of the Beneficiaries interest in the amount of insurance.

Death of Insured

If the Insured dies, We will return any unearned premium for the rider.

Conversion

On any conversion date while the rider is in effect, the insurance on the Other Insured may be converted to a new policy on that Other Insured's life. The new policy will be issued without evidence of insurability or change in premium class subject to the following conditions:

- (1) We must receive a written application for the new policy while the coverage for the Other Insured is in force;

- (2) The Policy Date of the new policy will be the conversion date following the date We receive the application. The coverage being converted under this rider will end on the conversion date. Coverage under the new policy will begin when the coverage under this rider ends;
- (3) The amount converted can be any amount not exceeding the amount of insurance provided by this rider on an Other Insured, and it may not be less than the minimum issue amount for the converted policy;
- (4) If any amount of insurance under the rider remains after a partial conversion, the remaining amount may not be less than the minimum amount We permit;
- (5) Any plan of insurance (except term insurance) offered by Us on the Policy Date of the new policy can be selected;
- (6) The new policy will be issued at the Other Insured's Attained Age and at the rates in effect on the Policy Date of the new policy;
- (7) The inclusion of any rider in the new policy will be subject to Our consent and satisfactory evidence of insurability; and
- (8) The first premium for the new policy must be paid within 31 days after the Policy Date of the new policy.

Conversion Date

If the Other Insured is in a standard premium class (indicated on the Rider Specifications Page) conversion dates occur on each Monthiversary prior to reaching the Other Insured's Attained Age of 70. If the Other Insured is in a special premium class, conversion dates occur on each Monthiversary prior to reaching the Other Insured's Attained Age 55 or for five (5) years after the date the insurance was effective, if longer (but not beyond attained age 70).

Incontestability

This rider will not be contested after it has been in force during the lifetime of the Other Insured for two (2) years from the Policy Date of the rider, except for non-payment of premium or fraud when permitted by applicable law in the state where the policy is delivered or issued for delivery. If an Other Insured is added to this rider at a later date, the rider will not be contested as to the insurance provided on the life of that Other Insured after two (2) years from the date the Other Insured is added.

Suicide

If the Other Insured commits suicide, while sane or insane, within two (2) years from the Policy Date of the rider or the effective date of any reinstatement, We will not pay a Death Benefit. We will terminate this rider and refund the rider premiums paid.

If the Insured commits suicide, while sane or insane, within two (2) years from the Policy Date of the rider or the effective date of any reinstatement, any cost for this rider will be included in the amount paid under the Policy because of the Insured's suicide.

Misstatement of Age or Sex – If the Other Insured's Age or sex has been misstated, the amount of insurance for that Other Insured shall be that amount which would have been purchased at the correct Age and sex in consideration of the most recent Cost of Insurance rates by adjusting the Net Amount At Risk by the ratio of the incorrect Cost of Insurance rate to the correct Cost of Insurance rate for the Other Insured. We may adjust future months' deductions so as to reflect the corrected Age and sex.

Nonforfeiture Values

This rider does not have any Account Value, Cash Value, Cash Surrender Value, or loan value.

Reinstatement

If the policy is reinstated, this rider will also be reinstated.

Cost of Insurance

The cost of insurance for each Other Insured is determined monthly and deducted from the Account Value of the policy on each Monthiversary until the Expiry Date of coverage. The Expiry Date of coverage is shown on the Rider Specifications Page.

The guaranteed monthly Cost of Insurance rates per \$1,000 of amount of insurance on each Other Insured are shown on the Rider Specifications Page. We can use Cost of Insurance rates less than the guaranteed rates, but we can never use rates greater than the guaranteed rates. The rates We use will be on a uniform basis for persons of the same Age, sex, and premium class whose insurance has been in force for the same length of time. Any change in rates will be based on changes in expected mortality, expenses and persistency.

The monthly Cost of Insurance for each Other Insured is the monthly Cost of Insurance rate times the amount of insurance (in thousands)

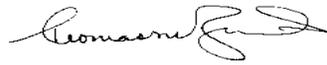
Termination of Coverage for an Other Insured – Coverage for an Other Insured will terminate on the earliest of the following dates:

- (1) The date an Other Insured converts all of the amount of insurance under this rider;
- (2) The Expiry Date shown on the Rider Specifications Page for an Other Insured; or
- (3) The Monthiversary following the date requested by You in writing.

Termination of the Rider - This rider will terminate on the earliest of the following dates:

- (1) The date that there is no coverage in force for any Other Insured;
- (2) The date the policy is terminated, surrendered for cash, or continued as paid-up or extended term insurance;
- (4) The Monthiversary following the date requested by You in writing;
- (5) Upon nonpayment of the premium for the rider, in accordance with the provisions of this rider or the policy;
- (6) Upon the death of the last surviving Other Insured.

Signed for Pioneer Mutual Life Insurance Company by,

A handwritten signature in black ink, appearing to read "Leonard J. [unclear]", written in a cursive style.

Secretary

Pioneer Mutual Life Insurance Company
A stock subsidiary of American United Mutual Insurance Holding Company
[101 North 10th Street
Fargo, ND 58102]

PREMIUM DEPOSIT FUND RIDER

This rider is a part of the policy to which it is attached. The Policy Date of this rider is the same as the Policy Date of the policy unless otherwise stated on the Rider Specifications Page. The rider's provisions shall control when there is a conflict between this rider and the policy.

Benefit

You may make payments to a Premium Deposit Fund while the policy is in force. Each payment must be at least the minimum premium payment amount for the policy as shown on the Policy Data Page. On each Policy Anniversary, We will credit the Premium Deposit Fund with interest at such rate as We may declare, provided that no interest will be credited for any period less than one month. We reserve the right to decline any payments that, together with the amount already in the fund, exceeds 10% of the amount of insurance shown on Page 3 of the Policy. We may also decline to accept any payment if there is indebtedness on the Policy.

Withdrawals from the Fund

You may withdraw any part of this fund without penalty at any time before the Insured's death.

We may withdraw funds from the Premium Deposit Fund to make premium payments on the Policy, whenever Monthly Deductions remain unpaid at the last day of the Grace Period. In that case, part of the fund will be withdrawn so that when that part is applied as premium on the policy, it will allow all unpaid Monthly Deductions to be made. Also, You may instruct Us to make premium payments from the Premium Deposit Fund at any time.

Death

Upon receipt of due proof of the death of the Insured, the balance of the Premium Deposit Fund will be paid to the Owner, if other than the Insured. If the Owner and Insured are the same, upon death the remaining balance will be paid to the beneficiary listed on the policy.

Termination – This rider will automatically terminate on the following dates:

1. The date the policy is terminated, surrendered for cash, or continued as paid-up or extended term insurance.
2. The Monthiversary following the date requested in writing by the Owner.

Signed for Pioneer Mutual Life Insurance Company by,

A handwritten signature in black ink, appearing to read "Thomas J. [unclear]", written in a cursive style.

Secretary

Pioneer Mutual Life Insurance Company
A stock subsidiary of American United Mutual Insurance Holding Company
[101 North 10th Street
Fargo, ND 58102]

WAIVER OF MONTHLY DEDUCTIONS DISABILITY RIDER

This rider is a part of the policy to which it is attached. The Policy Date of this rider is the same as the Policy Date of the policy unless otherwise stated on the Rider Specifications Page. The rider's provisions shall control when there is a conflict between this rider and the policy.

Definitions

Insured - As used in this rider, the Insured is the same as the Insured for the policy.

Total Disability – A disability that:

- (1) Results from an injury first occurring or a disease first manifesting itself after the Policy Date of the rider but before the Policy Anniversary on which the Insured reaches the Attained Age of 65;
- (2) Has continued for at least six (6) months;
- (3) Requires regular attendance by a licensed physician, other than the Insured; and
- (4) Prevents the Insured from performing the material and substantial duties of an occupation for pay or profit. During the first 24 months of Total Disability, an occupation means the Insured's regular occupation at the time the Total Disability began. Afterwards, it means any occupation for which the Insured is, or could reasonably become, qualified by reason of education, training, or experience. (Being a homemaker or a student is considered engaging in work for pay or profit.)

Benefit

While this policy is in force, if the Total Disability continues for a consecutive period of six (6) months, then the Monthly Deductions in the policy will be waived, subject to the following:

- (1) If the Insured's Total Disability begins before the Policy Anniversary on which the Insured reaches the Attained Age of 60, We will waive all Monthly Deductions becoming due during the continuance of that disability until the Policy Anniversary on which the Insured reaches the Attained Age of 121.
- (2) If the Insured's Total Disability begins on or after the Policy Anniversary on which the Insured reaches the Attained Age of 60, We will waive all Monthly Deductions becoming due during the continuance of that disability until the Policy Anniversary on which the Insured reaches the Attained Age of 65.

The Monthly Deductions waived will not be taken from the policy proceeds. The Monthly Deductions that will be waived are as defined in the policy include:

1. The Monthly Administrative Charge; plus
2. The Face Amount Charge; plus
3. The Cost of Insurance; plus
4. The cost for any riders.

If the waiver of Monthly Deductions is in effect all benefits included under the policy will continue in force.

Effect of Policy Adjustments

An application to increase the Total Face Amount of the policy will be considered to be an application to increase the coverage provided by this rider.

Exclusions

The following is a list of the exclusions in which the waiver of Monthly Deductions would not be applicable:

- (1) Total Disability caused or contributed to by an attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
- (2) Total Disability caused or contributed to by active participation in a riot, insurrection or terrorist activity;
- (3) Total Disability caused or contributed to by committing or attempting to commit a felony;
- (4) Total Disability caused or materially contributed to by the voluntary intake or use by any means of:
 - (a) Any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
 - (b) Poison, gas or fumes, unless a direct result of an occupational accident;
- (6) Total Disability caused or contributed to by intoxication as "intoxication" is defined by the jurisdiction where the disability occurred;
- (7) Total Disability caused or materially contributed to by participation in an illegal occupation or activity; and/or
- (8) Total Disability caused or contributed to by any condition disclosed in the application and explicitly excluded in a form attached to the policy.

Notice of Claim and Proof of Disability

Before We will waive Monthly Deductions, We must receive a written notice of claim and proof of Total Disability while the Insured is living and totally disabled, or as soon as reasonably possible.

Written notice should be sent to Us. We will then provide claim forms requesting proof of Total Disability. Forms should be completed and returned to Us as soon as possible after the Insured has been totally disabled for six (6) months.

Until We approve the claim, Monthly Deductions will continue when due as provided in the policy. After we approve Your claim and We begin to waive Monthly Deductions, We will credit to the policy's Account Value the amount of any Monthly Deductions previously deducted during a period of Total Disability.

If the Total Disability begins during a Grace Period, sufficient funds will be required to be added to the Account Value by the Policy Owner. This ensures that any overdue Monthly Deductions can be deducted to avoid a lapse of insurance before We approve the claim for the waiver of Monthly Deductions.

Proof of Continuation of Total Disability

After We approve the claim, We will require proof of the continuation of Total Disability. During the first 24 months, proof will not be required more frequently than once every 30 days. After that time, proof will not be required more than once in any 12-month period. As part of the proof requirements We may, at our own expense, designate a physician to examine the Insured.

Incontestability

This rider will not be contested after it has been in force during the lifetime of the Insured for two (2) years from the Policy Date, except for non-payment of premium or fraud when permitted by applicable law in the state where the policy is delivered or issued for delivery. Any period during which Insured is Totally Disabled will not be included in the determination of two (2) year period.

Nonforfeiture Values

This rider does not have any Account Value, Cash Value, Cash Surrender Value, or loan value.

Cost of Benefit

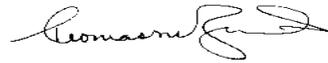
The cost for this rider is determined monthly and deducted from the Account Value of the policy on each Monthiversary until the rider terminates.

The monthly cost factors for this rider are based on the Insured's Attained Age and are shown on the Rider Specifications Page. The monthly cost for this rider is the monthly cost factor times the premium class rating factor shown on the Rider Specifications Page times the amount of the current Monthly Deduction, excluding the cost for this rider.

Termination – This rider terminates on the earliest of the following dates:

- (1) The date the policy is terminated or continued as paid-up or extended term insurance;
- (2) The Monthiversary following the date requested by You in writing;
- (3) Upon nonpayment of the premium for this rider; and
- (4) The Policy Anniversary on which the Insured reaches the Attained Age of 65, unless the Insured is on claim paying status.

Signed for Pioneer Mutual Life Insurance Company by,

A handwritten signature in black ink, appearing to read "Leonard J. [unclear]", written in a cursive style.

Secretary

Pioneer Mutual Life Insurance Company
A stock subsidiary of American United Mutual Insurance Holding Company
[101 North 10th Street
Fargo, ND 58102]

CREDIT OF PREMIUM DISABILITY RIDER

This rider is a part of the policy to which it is attached. The Policy Date of this rider is the same as the Policy Date of the policy unless otherwise stated on the Rider Specifications Page. The rider's provisions shall control when there is a conflict between this rider and the policy.

Definitions

Insured - As used in this rider, the Insured is the same as the Insured for the policy.

Benefit Amount – The amount of the premium to be credited to the policy. It is chosen at the time of application and the amount is listed on the Rider Specifications Page.

Total Disability – A disability that:

- (1) Results from an injury first occurring or a disease first manifesting itself after the Policy Date of rider, but before the Policy Anniversary on which the Insured reaches the Attained Age of 65;
- (2) Has continued for at least six (6) months;
- (3) Requires regular attendance by a licensed physician other than the Insured; and
- (4) Prevents the Insured from performing the material and substantial duties of an occupation for pay or profit. During the first 24 months of Total Disability, an "occupation" means the Insured's regular occupation at the time the Total Disability began. Afterwards, "occupation" means any occupation for which the Insured is, or could reasonably become, qualified by reason of education, training, or experience. (Being a homemaker or a student is considered engaging in work for pay or profit).

Benefit

While this policy is in force, if the Total Disability continues for a consecutive period of six (6) months, then We will credit to the Account Value the Benefit Amount for this rider as shown on the Rider Specifications Page, subject to the following:

- (1) If the Insured's Total Disability begins before the Policy Anniversary on which the Insured reaches the Attained Age of 60, We will credit the Benefit Amount to the Account Value during the continuance of that disability until the Policy Anniversary on which the Insured reaches the Attained Age of 121.

- (2) If Insured's Total Disability begins on or after the Policy Anniversary on which the Insured reaches the Attained Age of 60, We will credit the Benefit Amount to the Account Value during the continuance of that disability until the Policy Anniversary on which the Insured reaches the Attained Age of 65.

The amount credited to the Account Value will be treated as if it was a regular premium payment in that all of the charges described in the Policy will still apply. Crediting of Benefit Amounts under this rider does not guarantee that the Policy will continue in force.

The Benefit Amount credited to the Account Value will not be taken from the policy proceeds.

Exclusions

The following is a list of the exclusions in which the benefits are not available under this rider:

- (1) Total Disability caused or contributed to by an attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
- (2) Total Disability caused or contributed to by active participation in a riot, insurrection or terrorist activity;
- (3) Total Disability caused or contributed to by committing or attempting to commit a felony;
- (4) Total Disability caused or materially contributed to by the voluntary intake or use by any means of:
 - (a) Any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
 - (b) Poison, gas or fumes, unless a direct result of an occupational accident;
- (6) Total Disability caused or contributed to by intoxication as "intoxication" is defined by the jurisdiction where the disability occurred;
- (7) Total Disability caused or materially contributed to by participation in an illegal occupation or activity; and/or
- (8) Total Disability caused or contributed to by any condition disclosed in the application and explicitly excluded in a form attached to the policy.

Notice of Claim and Proof of Disability

Before We will credit any amount under this rider, We must receive a written notice of claim and proof of Total Disability while the Insured is living and totally disabled, or as soon as reasonably possible.

Written notice should be sent to Us. We will then provide claim forms requesting proof of Total Disability. Forms should be completed and returned to Us as soon as possible after the Insured has been totally disabled for six (6) months.

Until We approve the claim, premiums will continue when due as provided in the policy. After We approve Your claim and We begin to credit the Benefit Amount, We will refund any premium previously paid during a period of Total Disability.

If the Total Disability begins during a Grace Period, sufficient funds will be required to be added to the Account Value by the Policy Owner. This ensures that any overdue Monthly Deductions can be deducted to avoid a lapse of insurance before We approve the claim for the credit of the Benefit Amount.

Proof of Continuation of Total Disability

After We approve the claim, We will require proof of the continuation of Total Disability. During the first 24 months, proof will not be required more frequently than once every 30 days. After that time, proof will not be required more than once in any 12-month period. As part of the proof requirements, We may, at our own expense, designate a physician to examine the Insured.

Incontestability

This rider will not be contested after it has been in force during the lifetime of the Insured for two (2) years from the Policy Date or the effective date of the rider, except for non-payment of premium or fraud when permitted by applicable law in the state where the policy is delivered or issued for delivery. Any period during which the Insured was Totally Disabled will not be included in the determination of the two (2) year period.

Nonforfeiture Values

This rider does not have any Account Value, Cash Value, Cash Surrender Value, or loan value.

Cost of Benefit

The cost for this rider is determined monthly and deducted from the Account Value of the policy on each Monthiversary until the rider terminates. The cost for this rider is shown on the Rider Specifications Page.

Termination

This rider terminates on the earliest of the following dates:

- (1) The date the policy is terminated or continued as paid-up or extended term insurance;
- (2) The Monthiversary following the date requested by You in writing;
- (3) Upon nonpayment of the premium for this rider; and
- (4) The Policy Anniversary on which the Insured reaches the Attained Age of 65, unless the Insured is on claim paying status.

Signed for Pioneer Mutual Life Insurance Company by,



Secretary

Pioneer Mutual Life Insurance Company
A stock subsidiary of American United Mutual Insurance Holding Company
[101 North 10th Street
Fargo, ND 58102]

AVIATION EXCLUSION RIDER

This rider is a part of the policy to which it is attached. The Policy Date of this rider is the same as the Policy Date of the policy unless otherwise stated on the Rider Specifications Page. The rider's provisions shall control when there is a conflict between this rider and the policy.

Definitions

Insured - As used in this rider, the Insured is the same as the Insured for the policy.

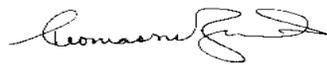
Exclusion

Death of the Insured as a result of travel in or descent from an aircraft, except as a passenger without any duties in connection with such travel or descent, is a risk not assumed by Us under the policy.

Amount Payable

In the event of the death of the Insured as described above, We will pay the premiums received to date, minus any outstanding loan and loan interest and any partial surrenders previously taken, less any dividends, if applicable.

Signed for Pioneer Mutual Life Insurance Company by,



Secretary

Application for Life Insurance

(Please print in dark ink.)

American United Life Insurance Company®
a ONEAMERICA® company
One American Square, P.O. Box 6003
Indianapolis, IN 46206-6003
1-800-537-6442

Pioneer Mutual Life Insurance Co.
A stock subsidiary of American United
Mutual Insurance Holding Company
a ONEAMERICA® company
101 North 10th Street
Fargo, ND 58102
1-800-437-4692



APPLICATION COMPLETION TIPS

1. Use one color ink, preferably black.
2. Do not use "white-out." Changes should be made using a single line cross-out and should be initialed by the applicant.
3. The signature and date should never be altered.
4. Record answers to all questions and furnish details for all "Yes" answers.
5. Legible handwriting will facilitate the underwriting process.
6. Explain any unusual circumstances or items not covered in the application in a cover memo.
7. For business cases, provide a cover memo including the following information:
 - a. If key person or buy-sell, what percentage of the business is owned by the Proposed Insured?
 - b. What is the total value of the business and how was the value determined?
 - c. If key person, how was the amount derived?
 - d. If partnership or closely held corporation, give full names of partners and each one's share of the business.
 - e. Are any partners currently insured in favor of the business? If not, explain why.
 - f. Attach any supporting documentation.
8. If Advanced Sales support was used in placing this case, please describe in a cover memo.

CASH-WITH-APP RULES AND PROCEDURE

1. Do not accept an initial premium if the amount of coverage applied for exceeds \$2,000,000.
2. Do not accept an initial premium or credit card authorization if the proposed insured is less than 15 days old or over 70 years old.
3. Ask the proposed insured the three health questions on the Temporary Insurance Agreement form page of the application. If any are answered "Yes" do not accept initial premium or credit card authorization.
4. Have both copies of the Temporary Insurance Agreement form completed and signed. Give one copy to the applicant and submit the other to the company with the completed application.
5. If an application is received with initial premium but does not meet the above requirements, the money will be returned directly to the payor.
6. If initial premium is not collected at the time of application, it MAY NOT be collected until an underwriting decision has been made.

COVERAGE LIMITS

The total amount of insurance which may take effect on any person proposed for insurance under the Temporary Insurance Agreement is \$300,000 of life insurance.

Application for Life Insurance

(Please print in dark ink.)

American United Life Insurance Company®
a ONEAMERICA® company
One American Square, P.O. Box 6003
Indianapolis, IN 46206-6003
1-800-537-6442

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101 North 10th Street
Fargo, ND 58102
1-800-437-4692



PART I: General Information

For general inquiries call: **1-877-999-9883**

1. Choose Company: (Hereafter referred to as "Company" – check all that apply.)

American United Life Insurance Company® (AUL) Pioneer Mutual Life Insurance Company (PML)

2. Proposed Insured (Please print and give full name.)

First Name _____ Middle Initial _____ Last Name _____
Street Address _____
_____ Years at This Address _____
City _____ State _____ Zip _____ County _____
 Male Female Birthdate _____ Place of Birth _____
Daytime Phone Number (_____) _____ Evening Phone Number (_____) _____
Social Security Number _____ E-mail Address _____
U.S. Citizen? Yes No If No, give details in Question 16 and attach copy of visa.
Occupation _____ Employer _____
Employer Address _____

3. Proposed Other Insured (Please print and give full name.)

First Name _____ Middle Initial _____ Last Name _____
Street Address _____
_____ Years at This Address _____
City _____ State _____ Zip _____ County _____
 Male Female Birthdate _____ Place of Birth _____
Daytime Phone Number (_____) _____ Evening Phone Number (_____) _____
Social Security Number _____ E-mail Address _____
U.S. Citizen? Yes No If No, give details in Question 16 and attach copy of visa.
Occupation _____ Employer _____
Employer Address _____

4. Owner and Payor – All notices and correspondence will be sent to the Owner. Complete Owner information only if different from Primary Insured.

If there are to be multiple owners, please complete the Request for Multiple Ownership form.
 Full Name (first/middle/last) _____ Relationship to Insured _____
Name of Corporation, Trust or Qualified Retirement Plan _____
Full Name of Corporate Officer, Title and State of Incorporation _____
If the Owner is a trust, please provide a copy of the trust agreement.
 Custodian Name _____, Custodian Under _____ (state) UGMA UTMA
 Male Female Corporation Trust Qualified Retirement Plan Other _____
Birthdate or Date of Trust _____ SSN or Tax ID # _____
Street Address _____
_____ City _____ State _____ Zip _____ County _____
Phone Number _____ E-mail Address _____
 Payor Name and Address (if other than Owner) _____

5. Contingent Owner

Full Name _____ Relationship to Insured _____
 Male Female Other _____ Birthdate _____ SSN Or Tax ID# _____
Street Address _____
_____ City _____ State _____ Zip _____
E-mail Address _____

6. Proposed Insured's Beneficiary

Unless otherwise directed, the insurance proceeds shall be divided equally among all persons who are named as primary beneficiary and who survive the insured, but if none survive, equally among all persons who are named as secondary beneficiary and who survive the insured.

Primary Beneficiary

Full Name or Name of Corporation/Trust *Relationship to Insured* *SSN or Tax ID #* *DOB or Date of Trust*

Address

Full Name or Name of Corporation/Trust *Relationship to Insured* *SSN or Tax ID #* *DOB or Date of Trust*

Address

Full Name of Corporate Officer and Title *State of Incorporation*

Secondary Beneficiary (if no primary beneficiary is living)

Full Name or Name of Corporation/Trust *Relationship to Insured* *SSN or Tax ID #* *DOB or Date of Trust*

Address

Full Name or Name of Corporation/Trust *Relationship to Insured* *SSN or Tax ID #* *DOB or Date of Trust*

Address

Full Name of Corporate Officer and Title *State of Incorporation*

7. Proposed Other Insured's Beneficiary

Unless otherwise directed, the insurance proceeds shall be divided equally among all persons who are named as primary beneficiary and who survive the insured, but if none survive, equally among all persons who are named as secondary beneficiary and who survive the insured.

Primary Beneficiary

Full Name or Name of Corporation/Trust *Relationship to Insured* *SSN or Tax ID #* *DOB or Date of Trust*

Address

Full Name or Name of Corporation/Trust *Relationship to Insured* *SSN or Tax ID #* *DOB or Date of Trust*

Address

Full Name of Corporate Officer and Title *State of Incorporation*

Secondary Beneficiary (if no primary beneficiary is living)

Full Name or Name of Corporation/Trust *Relationship to Insured* *SSN or Tax ID #* *DOB or Date of Trust*

Address

Full Name or Name of Corporation/Trust *Relationship to Insured* *SSN or Tax ID #* *DOB or Date of Trust*

Address

Full Name of Corporate Officer and Title *State of Incorporation*

8. Premium Information

Payment Method: Single Premium \$ _____
 Annual Semi-Annual Monthly APP Other _____

Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity? Yes No

Payor (if other than owner): _____

If Automatic Premium Plan (APP) is chosen, please complete the following:

Add this Premium to Existing APP for Policy # _____

Start a New Draft from the Following Account: Checking Savings

Account Number* _____ Routing Number _____

Monthly Deduction Day (1st thru 28th) _____

Home Office Use Only: App Control Number _____

***Attach a blank, voided check from this account for routing information.**

9. Credit Card Authorization

Initial premium payments up to \$3,000 may be made by credit card. (Not available for Variable Products)

VISA MasterCard Discover

Cardholder's Name _____

Card Number _____ Expiration Date (mm/dd/yyyy) _____

I authorize a premium deposit to be made by charging the credit card listed above in the amount of: \$ _____ in connection with this application for life insurance. I acknowledge that use of the credit card for payment is optional and that this authorization does not cover the charging of future premiums. I have received and have read the Temporary Insurance Agreement. It has been explained to me by the agent and I understand and agree to all the conditions and limitations.

Cardholder's Signature _____

10. Nonforfeiture Information

Automatic Premium Loan (if available) Yes No (If not completed, APL will be applied if applicable)

Qualified Retirement Plan

If Qualified Retirement Plan is selected, the automatic nonforfeiture option is paid-up insurance.

11. Insurance on Proposed Insured

Whole Life Insurance

Basic Policy Plan: Whole Life Last Survivor Whole Life Modified Premium Last Survivor Whole Life

Plan Name: _____ Face Amount of Basic Policy \$ _____

Limited Pay Period: _____ years

Riders:

- WPD
- GIO \$ _____ (\$20,000 min.; \$50,000 max.)
- CBR _____ units (1 unit min.; 20 units max.)
- Same Insured Term \$ _____
Guarantee Period _____
- Other Insured Term \$ _____
Guarantee Period _____
- Joint First-to-Die Level Term \$ _____
- Blended Insurance Rider \$ _____
- Other _____
- Offset premiums by surrendering paid-up additions (if sufficient) beginning policy year _____
- Value Builder: Planned Premium \$ _____
Planned frequency _____
How much is §1035 money? \$ _____
- Coverage Builder: Planned Premium \$ _____
Planned frequency _____
How much is §1035 money? \$ _____

Universal Life Insurance (Underwritten by Pioneer Mutual Life Insurance Company)

Life Insurance Qualification Test Guideline Premium Test Cash Value Accumulation Test (CVAT)

Note: If qualification test is not marked, Guideline Premium Test will be automatically chosen.

Base Face Amount: _____ Supplemental Face Amount: _____

Death Benefit Option Option 1(A) Option 2(B) Option 3(C)

Initial Premium \$ _____ Planned Premium \$ _____ How much is §1035 money? _____

Riders:

- WMDD (WMDD is required for WPD)
- WPD Monthly Amount \$ _____
- CBR _____ units (1 unit min.; 20 units max.)
- GIO \$ _____ (\$10,000 min.; \$50,000 max.)
- Other Insured Term \$ _____
- Other _____

Term Insurance

Basic Policy Plan: _____ Face Amount \$ _____ Guarantee Period _____

Riders:

- WPD
- Other _____
- CBR _____ units (1 unit min.; 20 units max.)
- Other _____

Variable Universal Life (complete Investment Option Election form (IOE))

THE AMOUNT AND DURATION OF THE DEATH BENEFIT MAY VARY BASED ON THE INVESTMENT PERFORMANCE OF THE SEPARATE ACCOUNTS' INVESTMENT RETURN. THE CASH VALUE MAY INCREASE OR DECREASE BASED ON THE INVESTMENT PERFORMANCE OF THE SEPARATE ACCOUNTS' INVESTMENT RETURN.

Flexible Premium VUL

Life Insurance Qualification Test Guideline Premium Test Cash Value Accumulation Test (CVAT)

Note: If qualification test is not marked, Guideline Premium Test will be automatically chosen.

Base Face Amount: _____ Supplemental Face Amount: _____

Death Benefit Option Option 1(A) Option 2(B) Option 3(C)

Riders:

- WMDD (WMDD is required for WPD)
- WPD Monthly Amount \$ _____
- CBR _____ units (1 unit min.; 20 units max.)
- GIO \$ _____ (\$10,000 min.; \$50,000 max.)
- Other Insured Term \$ _____
- Extended No-Lapse Guarantee
- Other _____
- Initial Premium \$ _____
- Planned Premium \$ _____
- How much is §1035 money? \$ _____

PART 2: Underwriting Information (continued)

17. Health Questions (Complete for all proposed insureds; optional for those being examined.)

A. During the past ten (10) years) has any person proposed for insurance been diagnosed as having, or been treated for:

	Primary Insured	Second/Other Insured
1. Heart attack, high blood pressure, stroke, or other disorder of the heart or blood vessels?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Cancer, tumor, lymph gland or thyroid disorder, chronic fatigue, leukemia, or any other blood abnormalities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Diabetes or other endocrine disorder; disorder of the kidney, bladder or prostate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Lung or chronic respiratory disorder, asthma, bronchitis, emphysema, pneumonia, tuberculosis, or any other disorder of the respiratory system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Intestinal bleeding, ulcer, hepatitis, or other disorder of stomach, liver, intestine, gall bladder or pancreas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Any disease or disorder of the reproductive organs or breasts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Brain, mental or nervous disorder, fainting, convulsions; paralysis, depression, anxiety, frequently recurring headaches or any other disease or disorder of the nervous system, attempted suicide or ever been counseled for any of the above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Arthritis, loss of limb or deformity, disorder of bone, joint, muscle, back, spine or neck, skin disorder or any other disorder of the skeletal system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Disease or disorder of the eyes, ears, nose or throat?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Immune Deficiency – Has the proposed insured:		
a. ever been diagnosed or treated by a member of the medical profession for specified symptoms such as: immune deficiency, anemia, recurrent fever, fatigue or unexplained weight loss, malaise, loss of appetite, diarrhea, fever of unknown origin, severe night sweats, unexplained or unusual infections or skin lesions; unexplained swelling of the lymph glands; Kaposi's Sarcoma or Pneumocystis Carinii Pneumonia;	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. During the past five (5) years has any person proposed for insurance:

1. Been advised to take or is now taking treatment or medication or under prescribed diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Had a checkup or consultation with a physician or medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Had any diagnostic test, such as an EKG, treadmill, heart cath, X-ray, MRI CT scan, biopsy or blood study?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has been an inpatient or outpatient in a hospital, clinic or medical facility or any similar entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Been advised to have any diagnostic test, hospitalization or surgery which has not been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. Has or is any person proposed for insurance:

1. Pregnant? If Yes, list the anticipated delivery date. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. During the last five years, made a claim for or received benefits, compensation or pension for any injury, sickness, disability or impaired condition and/or been unable to work, attend school or perform the normal activities of like age and gender or been confined at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. During the last five years, had any illness, disease, or injury not mentioned in A or B above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Details of all "Yes" answers. (Identify Primary or Second/Other Insured, question number, circle applicable items; include diagnosis, treatment, dates of diagnosis, dates of treatment, duration and names and addresses of all attending physicians and medical facilities.)

19. Proposed Insured Family History

Cancer (all types)	Heart Disease, Stroke or Other Circulatory Disorder	Diabetes	Provide details for Yes answers.		
			Age If Still Living	Age At Death	State of Health/Cause of Death
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mother	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Father	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Siblings	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____

20. Proposed Second/Other Insured Family History (Not required for children covered under CBR)

Cancer (all types)	Heart Disease, Stroke or Other Circulatory Disorder	Diabetes	Provide details for Yes answers.		
			Age If Still Living	Age At Death	State of Health/Cause of Death
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mother	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Father	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Siblings	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____

Agreements

I (we) represent that I (we) have read and understand all the statements and answers given in this application and that they are true and complete to the best of my (our) knowledge and belief. It is agreed that:

- the statements and answers given to this application and any amendments to it or made to the medical examiner will be the basis of any insurance issued;
- no representative or medical examiner has the authority to make or alter any contract for the company;
- the company may indicate changes in an endorsement to this application for administrative purposes only, and I must agree in writing to any other changes in this application;
- if an initial premium has been made, and a Temporary Insurance Agreement (TIA) bearing the same name and date as this application has been received, no insurance will be effective before policy delivery except as provided in the TIA.
- if no initial premium payment has been made at the time of making this application, or if the company approves this application different from that applied for as to plan, amount, age, classification or benefits, no insurance will take effect until (a) the policy is delivered to and accepted by me and (b) the full first premium is paid and (c) to the best of the applicant's knowledge, the health and insurability of any person proposed for insurance has not changed since the date of this application.

I (we) and the representative certify that I (we) have read, or had read to me (us), the completed application and I (we) realize that any false statement or misrepresentation therein may result in loss of coverage under the policy.

Acknowledgement

This section must be completed by the proposed policy owner regardless of whether the TIA is given.
PLEASE MARK THE ONE BOX THAT APPLIES, UNMARKED BOXES ARE NOT APPLICABLE

I have NOT made a premium deposit with this application nor have I received the Temporary Insurance Agreement.

I have made a premium deposit in the amount of \$_____ in connection with the application for life insurance. I have received and have read the Temporary Insurance Agreement (TIA). It has been explained to me and I understand and agree to all of the conditions and limitations.

PLEASE ALSO MARK THE FOLLOWING BOX, IF APPLICABLE (does not apply to Variable Products)

I acknowledge that an illustration conforming to the policy applied for was **not** provided. I understand that an illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.

Interview Information

Home Phone: (_____) _____ Best Time to Call _____ a.m. _____ p.m.

Business Phone: (_____) _____ Best Time to Call _____ a.m. _____ p.m.

May we interview the spouse of an adult member of the family? Yes No

Fraud Warning

FRAUD WARNING (Not applicable to residents in AZ, CT, ND): Any person who knowingly presents a false or fraudulent claim for payment of a loss of benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Authorization and Acknowledgement

I (we) authorize any physician, medical practitioner, hospital, medical facility, insurance company, DMV and the MIB to give all the companies who are listed as a OneAmerica® company and its reinsurers any of the following about me (us) or my (our) children, if they are to be insured: facts about physical and mental health; medical care, advice or treatment; prescriptions, hobbies, other insurance, flying and driving record (which may include but is not limited to existing address); age, occupation, income and the use of alcohol, drugs and tobacco. Each person proposed for insurance may be asked to take a physical exam, where tests may be made of blood and urine. These tests may include tests for the presence and/or level of blood sugar, cocaine or other drugs, cholesterol, nicotine and, where permitted by law, antibodies to the Acquired Immune Deficiency Syndrome virus. All sources except the MIB may give these facts to any insurance support organization authorized by a OneAmerica company to collect and transmit them. This data will be used to determine eligibility for insurance. A photocopy of this form shall be as valid as the original. This authorization will be valid for 24 months from the date shown below. I can choose to be interviewed if an investigative consumer report is made. Upon request, I (we) can receive a copy of the investigative consumer report. I (we) have received the Notice of OneAmerica's Information Practices, the Medical Information Bureau Notice, the Fair Credit Reporting Act Notice, and the Authorization and Acknowledgement. I (we) or my (our) authorized representative can receive a copy of this authorization form.

Substitute W-9 Certification

I (we) certify, under penalty of perjury that 1) the number(s) shown on this form is my (our) correct taxpayer identification number(s), [or I(we) am (are) waiting for a number to be issued to me (us)]; and 2) I (we) am (are) not subject to backup withholding because: a) I (we) am/are exempt from backup withholding or b) I (we) have not been notified by the Internal Revenue Service that I (we) am (are) subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me (us) that I (we) am/are no longer subject to backup withholding; and (3) I (we) am (are) a U.S. citizen or other U.S. person (as defined in Form W-9 located at www.irs.gov).

Check this box if you have been notified by the IRS that you are currently subject to withholding because of under reporting interest or dividends on your tax return.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

Signatures

Signed at: _____ on _____ (mm/dd/yyyy)
City, State *Date*

Proposed Insured	_____	_____
Proposed Second/Other Insured	_____	_____
Proposed Other Insured #2	_____	_____
Proposed Other Insured #3	_____	_____
Payor, owner or applicant other than Proposed Insured	_____	_____
	<i>Printed Name</i>	<i>Signature</i>

Any child over age 15 proposed for insurance must sign. If proposed insured is under age 18, parent must also sign.

FOR VARIABLE PRODUCTS, PLEASE ACKNOWLEDGE:

I hereby acknowledge receipt of the current prospectus, and any supplements for this policy including any required disclosure if the policy applied for will be in a qualified plan.

Please check, if applicable:

Yes, I have a CD-ROM drive on my computer and am able to view all of the prospectuses.

For a printed version of the prospectuses, please call **1-800-537-6442**. Variable contracts issued by AUL are distributed by OneAmerica Securities, Inc., Member FINRA, SIPC, a wholly-owned subsidiary of AUL.

Signature *Date*

Please make all checks payable to (Check appropriate box):

- American United Life Insurance Company® (Standard Risk Term, Whole Life, Variable Life)
- Pioneer Mutual Life Insurance Company (Standard Risk Universal Life)

Representative's Statement

Do you have any knowledge or reason to believe that replacement of existing insurance or annuity coverage may be involved? Yes No

(If "Yes," give details in Section 15 and complete any state required replacement forms.)

Did you witness the signatures on this application? Yes No

How did you identify the proposed insured? Well known to you Photo ID Related

(If related, or well-known to you, please explain) _____

List any former names of the proposed insured(s) _____

Should this application be evaluated with any other applications? Yes No

If "Yes," please provide: Name: _____ Relationship to Insured: _____

I certify that an illustration was **not** used in the sale of this policy.

I certify that the policy is applied for other than as illustrated.

I certify that (1) the information provided by the owner and proposed insured(s) has been accurately recorded and (2) I have reasonable grounds to recommend the purchase of the policy as suitable for the owner and the proposed insured(s).

I submit this application assuming full responsibility for delivery of any policy and for immediate transmittal to the Company of the first premium when collected. I know of no condition affecting the insurability of any person proposed for insurance not fully set forth herein. I certify that a written disclosure statement, where required by law, was given to the applicant when this application was taken.

Name of Representative (Please Print)
_____ %

Representative's Signature
[Representative's AUL Code _____] Representative's PML Code _____

Name of Representative (Please Print)
_____ %

Representative's Signature
[Representative's AUL Code _____] Representative's PML Code _____

Name of Representative (Please Print)
_____ %

Representative's Signature
[Representative's AUL Code _____] Representative's PML Code _____

Agency or Broker/Dealer: _____

If the Company has questions concerning this application, whom should we call at your office?

Name _____ Phone Number (_____) _____ Fax Number (_____) _____

E-mail Address: _____

Principal Review (Required for registered products only)

Field Office Principal On _____
Date

Accepted by American United Life Insurance Company® at the Home Office by:

Home Office Principal On _____
Date

Send Application To:

If you have any questions completing this application or any other supporting documentation, please call [1-877-999-9883]

Please mail this application to the following address:

U.S. Postal Delivery:
OneAmerica Financial Partners, Inc.
Attn: Individual New Business
[P.O. Box 6003
Indianapolis, IN 46206-6003]

Overnight Delivery:
OneAmerica Financial Partners, Inc.
Attn: Individual New Business
[One American Square
Indianapolis, IN 46282]

FOR MOST EXPEDIENT DELIVERY – SUBMIT ALL APPLICATIONS IN THE YELLOW NEW BUSINESS ENVELOPE [#7-13507.]

TEMPORARY INSURANCE AGREEMENT

PLEASE NOTE: THIS AGREEMENT PROVIDES A LIMITED AMOUNT OF INSURANCE (THE LESSER OF \$300,000 OR THE AMOUNT OF INSURANCE APPLIED FOR UNDER THE APPLICATION FOR INSURANCE HAVING THE SAME DATE AS THIS AGREEMENT), IF ALL THE CONDITIONS SET FORTH HEREIN ARE FULLY SATISFIED. THE COVERAGE PROVIDED IN THIS AGREEMENT IS IN EXCHANGE FOR THE DEPOSIT RECEIVED TOWARD THE INSURANCE APPLIED FOR AND NO AMOUNT SHALL BE CHARGED FOR THE COVERAGE PROVIDED HEREIN. NO REPRESENTATIVE OR AGENT HAS THE AUTHORITY TO WAIVE OR CHANGE THE TERMS OR CONDITIONS OF THIS AGREEMENT.

HEALTH QUESTIONS

- 1. Within the past 90 days, has any person proposed for insurance been a patient in a hospital or other medical facility, had surgery or been advised to be hospitalized or have surgery? Yes No
- 2. Within the past 2 years, has any person proposed for insurance been treated for heart trouble, stroke, diabetes, cancer or been advised by a medical professional to have such treatment? Yes No
- 3. Has any person proposed for insurance been diagnosed or treated for AIDS by a member of the medical profession, or had a positive test result confirming the presence of the AIDS virus (e.g. HIV, HTLV-III)? Yes No

If any Health Question is answered "Yes", give question(s) and name of applicant.

No insurance is provided under this Agreement on any applicant(s), answering "Yes" to a question above. If any Health Question is not answered, this agreement is void.

NOTE TO REPRESENTATIVE: If any question is answered "Yes", do not accept cash or detach this agreement.

DEPOSIT

Received from _____ the sum of _____ as a deposit in connection with an application for insurance having the same date as this Agreement. The deposit shall be held and applied toward the first premium owed from the effective date of any policy issued and accepted as part of said application. There shall be no coverage under the insurance applied for until a policy is issued and accepted. If no policy is issued and/or accepted, the deposit shall be refunded to you.

CONDITIONS

Insurance on applicant, up to the Amount Limitation, will begin on the effective date, if:

- 1. There is no material misrepresentation in the application or answers to the Health Questions, and
- 2. All of the Health Questions are answered "No" with respect to that applicant; and
- 3. The deposit received is equal to the premium for the mode selected in the related insurance application.

If the deposit is paid by check that is postdated or is not honored on presentation, the Agreement is void. If a person proposed for insurance dies by suicide, while sane or insane, the death benefit will be only the amount of the deposit paid.

EFFECTIVE DATE

"Effective Date" means the latest of:

- 1. The date of the application.
- 2. The date of the last medical exam initially required under the Company's underwriting rules. Any required medical exam must be completed within 30 days after the date of this Agreement, if not, this Agreement will be void with respect for that person proposed for insurance.

AMOUNT LIMITATION

The total amount of insurance which may take effect on any person proposed for insurance under this and all Temporary Insurance Agreements is \$300,000 of life insurance (including accidental death).

TERMINATION OF TEMPORARY INSURANCE

Insurance under this Agreement will terminate with respect to all of the persons proposed for insurance on the earliest of:

- 1. The date that insurance begins under the policy applied for or under a policy issued other than as applied for.
- 2. Ten (10) days after a policy other than as applied for is offered to the Proposed Insured or Owner.
- 3. Five (5) days after the Company mails a letter of declination to the Proposed Insured or Owner.
- 4. Sixty (60) days after the date of the application.

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE THE CHECK PAYABLE TO THE REPRESENTATIVE OR LEAVE THE PAYEE BLANK.

I have read this Agreement and understand and agree to its terms. I understand this receipt provides no insurance unless all of its conditions are met and all required medical exams are completed. I declare that the answers to the Health Questions are true and complete to the best of my knowledge.

Date
By _____
Representative

Proposed Insured Signature

Owner (If other than Proposed Insured)

IF YOU HAVE NOT RECEIVED YOUR POLICY WITHIN 60 DAYS OF THE DATE OF THIS CONTACT THE COMPANY AT [P.O. BOX 6003, INDIANAPOLIS, IN 46206. ATTN. UNDERWRITING DEPT.]

Representative's Note: Send original to Home Office with application and give copy to Proposed Insured (owner, if other than Proposed Insured).

TEMPORARY INSURANCE AGREEMENT

PLEASE NOTE: THIS AGREEMENT PROVIDES A LIMITED AMOUNT OF INSURANCE (THE LESSER OF \$300,000 OR THE AMOUNT OF INSURANCE APPLIED FOR UNDER THE APPLICATION FOR INSURANCE HAVING THE SAME DATE AS THIS AGREEMENT), IF ALL THE CONDITIONS SET FORTH HEREIN ARE FULLY SATISFIED. THE COVERAGE PROVIDED IN THIS AGREEMENT IS IN EXCHANGE FOR THE DEPOSIT RECEIVED TOWARD THE INSURANCE APPLIED FOR AND NO AMOUNT SHALL BE CHARGED FOR THE COVERAGE PROVIDED HEREIN. NO REPRESENTATIVE OR AGENT HAS THE AUTHORITY TO WAIVE OR CHANGE THE TERMS OR CONDITIONS OF THIS AGREEMENT.

HEALTH QUESTIONS

1. Within the past 90 days, has any person proposed for insurance been a patient in a hospital or other medical facility, had surgery or been advised to be hospitalized or have surgery? Yes No
2. Within the past 2 years, has any person proposed for insurance been treated for heart trouble, stroke, diabetes, cancer or been advised by a medical professional to have such treatment? Yes No
3. Has any person proposed for insurance been diagnosed or treated for AIDS by a member of the medical profession, or had a positive test result confirming the presence of the AIDS virus (e.g. HIV, HTLV-III)? Yes No

If any Health Question is answered "Yes", give question(s) and name of applicant.

No insurance is provided under this Agreement on any applicant(s), answering "Yes" to a question above. If any Health Question is not answered, this agreement is void.

NOTE TO REPRESENTATIVE: If any question is answered "Yes", do not accept cash or detach this agreement.

DEPOSIT

Received from _____ the sum of _____ as a deposit in connection with an application for insurance having the same date as this Agreement. The deposit shall be held and applied toward the first premium owed from the effective date of any policy issued and accepted as part of said application.

There shall be no coverage under the insurance applied for until a policy is issued and accepted. If no policy is issued and/or accepted, the deposit shall be refunded to you.

CONDITIONS

Insurance on applicant, up to the Amount Limitation, will begin on the effective date, if:

1. There is no material misrepresentation in the application or answers to the Health Questions, and
2. All of the Health Questions are answered "No" with respect to that applicant; and
3. The deposit received is equal to the premium for the mode selected in the related insurance application.

If the deposit is paid by check that is postdated or is not honored on presentation, the Agreement is void.

If a person proposed for insurance dies by suicide, while sane or insane, the death benefit will be only the amount of the deposit paid.

EFFECTIVE DATE

"Effective Date" means the latest of:

1. The date of the application.
2. The date of the last medical exam initially required under the Company's underwriting rules. Any required medical exam must be completed within 30 days after the date of this Agreement, if not, this Agreement will be void with respect for that person proposed for insurance.

AMOUNT LIMITATION

The total amount of insurance which may take effect on any person proposed for insurance under this and all Temporary Insurance Agreements is \$300,000 of life insurance (including accidental death).

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Insurance under this Agreement will terminate with respect to all of the persons proposed for insurance on the earliest of:

1. The date that insurance begins under the policy applied for or under a policy issued other than as applied for.
2. Ten (10) days after a policy other than as applied for is offered to the Proposed Insured or Owner.
3. Five (5) days after the Company mails a letter of declination to the Proposed Insured or Owner.
4. Sixty (60) days after the date of the application.

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE THE CHECK PAYABLE TO THE REPRESENTATIVE OR LEAVE THE PAYEE BLANK.

I have read this Agreement and understand and agree to its terms. I understand this receipt provides no insurance unless all of its conditions are met and all required medical exams are completed. I declare that the answers to the Health Questions are true and complete to the best of my knowledge.

Date _____ Proposed Insured Signature _____
By _____ Owner (If other than Proposed Insured) _____
Representative

IF YOU HAVE NOT RECEIVED YOUR POLICY WITHIN 60 DAYS OF THE DATE OF THIS CONTACT THE COMPANY AT P.O. BOX 6003, INDIANAPOLIS, IN 46206. ATTN. UNDERWRITING DEPT.

Representative's Note: Send original to Home Office with application and give copy to Proposed Insured (owner, if other than Proposed Insured).

SERFF Tracking Number: AULD-125622422 *State:* Arkansas
Filing Company: Pioneer Mutual Life Insurance Company *State Tracking Number:* 39109
Company Tracking Number: 2900
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: Optimum Plus 2008
Project Name/Number: Optimum Plus 2008/2900

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AULD-125622422 State: Arkansas
Filing Company: Pioneer Mutual Life Insurance Company State Tracking Number: 39109
Company Tracking Number: 2900
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Optimum Plus 2008
Project Name/Number: Optimum Plus 2008/2900

Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 04/24/2008
Comments:
Attachment:
Cert of Compliance.pdf

Review Status:
Satisfied -Name: Statement of Variability 05/27/2008
Comments:
Attachment:
Stmt of Variability 2900.pdf

Review Status:
Satisfied -Name: Readability Certification 05/27/2008
Comments:
Attachment:
READCERT- Optimum Plus 2008.pdf

Review Status:
Satisfied -Name: Universal Life Insurance Certification 07/21/2008
Comments:
Attachment:
AR UL Cert of Compliance.pdf

Review Status:
Satisfied -Name: Consent Form 07/21/2008
Comments:
Attachment:
AR Consent.pdf

SERFF Tracking Number: AULD-125622422 State: Arkansas
Filing Company: Pioneer Mutual Life Insurance Company State Tracking Number: 39109
Company Tracking Number: 2900
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Optimum Plus 2008
Project Name/Number: Optimum Plus 2008/2900

Review Status:

Satisfied -Name: Accelerated Benefit Disclosure
Statement

07/21/2008

Comments:

Attachment:

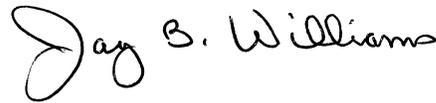
PML 2901 DISC.pdf

CERTIFICATION OF COMPLIANCE

Name and Address of Insurer Pioneer Mutual Life Insurance Company
One American Square, P.O. Box 368
Indianapolis, IN 46206-0368

The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of your state and the regulations promulgated pursuant thereto.

Signature of an Officer of the Insurer



Jay B. Williams
Name (Print or Type)

Vice President and Director of Compliance
Title

May 15, 2008
Date

PIONEER MUTUAL LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY – PAGE 1
FORM # 2900
POLICY

Page	Bracketed (Variable)	Range of Variables
Cover Page	Company Address, telephone number and email address.	Bracketed to permit us to change the address, telephone number and email address, if necessary.
Cover Page	Officer's Signatures	Bracketed to permit changes in the event new officers are elected.
3	Name of Insured, Sex, Age, Policy Owner(s), Policy Date and Policy Number.	Specific to each Insured.
3	Premium Class	Preferred Non-Tobacco, Standard Plus Non-Tobacco, Standard Non-Tobacco, Special Non-Tobacco, Preferred Tobacco, Standard Tobacco, or Special Tobacco.
3	Initial Premium	Minimum: Varies based on issue specifications. Maximum: \$1,000,000
3	Planned Premium	Minimum: \$10.00 Maximum: \$1,000,000.
3	Premium Mode	Annual, Semi-Annual, Quarterly or Monthly.
3	Initial Base Face Amount	Minimum: \$50,000 Maximum: None
3	Initial Supplemental Face Amount	Minimum: \$10,000 Maximum: The percentage of the Base Face Amount as compared to the Total Face Amount shall never be less than the range specified below.
3	The percentage of the Base Face Amount as compared to the Total Face Amount shall never be less than [5%].	From 5% to 50%.
3	Initial Total Face Amount	The sum of the Initial Base Face Amount and the Initial Supplemental Face Amount.
3	No-Lapse Guarantee Period	From 4 years to 10 years.
3	Monthly Required Premium for the No-Lapse Guarantee	Varies based on issue specifications.
3	Death Benefit Option	Option 1, 2 or 3.

PIONEER MUTUAL LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY – PAGE 2
FORM # 2900

3	Life Insurance Qualification Test Elected	Cash Value Accumulation Test or Guideline Premium Test.
3A	Face Amount Charge Guaranteed Maximum: [\$x.xx] per month for [x] years from Policy Date based on Initial Base Face Amount.	Varies based on issue specifications. Monthly charge per \$1000 Base Face Amount issued, policy years 1 to 10. From 10 years to 20 years.
3A	Table of Surrender Charges Policy Years 1-20+	Surrender charge is based on issue specifications and runs for twenty years.
3A	Minimum Loan Amount	From \$100.00 to maximum amount as defined in the policy loan provisions.
3A	Interest Rate Charged on Loans	From 3% to 10%.
3A	Interest Rate Credited on the Loan Account: Guaranteed Rate	From 3% to 5%.
3B	Minimum Premium Payment Subsequent to Initial Premium	From \$10.00 to \$1,000,000.
3B	Minimum Base Face Amount	From \$25,000 to \$100,000
3B	Minimum Additional Supplemental Face Amount	From \$1,000 to \$25,000
3B	First date a change in the Death Benefit Option may be requested	Bracketed to permit us to change this provision of the policy.
3B	First date a Partial Surrender may be requested	Bracketed to permit us to change this provision of the policy.
3B	Minimum Partial Surrender Amount	From \$250 to \$1,000
3B	First date an increase in Face Amount may be requested	Bracketed to permit us to change this provision of the policy.
3B	Minimum increase in Face Amount	From \$1,000 to \$10,000
3B	First date a decrease in Face Amount may be requested	Bracketed to permit us to change this provision of the policy.
3B	Minimum decrease in Face Amount	From \$1,000 to \$10,000
3B	Date subsequent increases, decreases and option changes may be requested	Bracketed to permit us to change this provision of the policy.
3B	Maximum Attained Age for Total Face Amount increase	From 65 to 85.
3B	Maximum Attained Age for Death Benefit Option Change	From 65 to 85.
3B	Home Office Address	Bracketed to permit us to change the address, if necessary.
3B	Administrative Office Address	Bracketed to permit us to change the address, if necessary.

PIONEER MUTUAL LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY – PAGE 3
FORM # 2900

3C	Table of Monthly Guaranteed Maximum Cost of Insurance Rates per \$1000 of Net Amount at Risk, and Minimum Insurance Percentages using the <u>Cash Value Accumulation Test</u> or the <u>Guideline Premium Test</u>	The appropriate table will be printed on this page based on the Life Insurance Qualification Test elected by the Insured.
3C	<u>Cash Value Accumulation Test</u> or the <u>Guideline Premium Test</u> .	The name of the Life Insurance Qualification Test elected by the Insured that corresponds to the values in the table will be printed in the title.
3C	Mortality Table: 2001 Commissioner's Standard Ordinary Ultimate Mortality Table, [Age at nearest birthday, Sex and Tobacco Distinct].	Table used varies based on issue specifications.

RIDER SPECIFICATION PAGES		
Rider Specification Pages are only created for the riders applicable to each Insured.		
All Riders	Policy Number, Policy Date, Insured, Rider Issue Age and Sex.	Specific to each Insured.
	Premium Class	Preferred Non-Tobacco, Standard Plus Non-Tobacco, Standard Non-Tobacco, Special Non-Tobacco, Preferred Tobacco, Standard Tobacco, or Special Tobacco.

2902 CHILDREN'S TERM INSURANCE RIDER		
3E	Insured Child	As listed on Application or as added after issue.
3E	Amount of Insurance: [5 units] per Insured Child [\$5,000] on or after 6 months of Age [\$2,500] under 6 months of Age	From 1 to 50 units. From \$1,000 to \$50,000. From \$500 to \$25,000.
3E	Rider Charge	Varies based on issue specifications.

PIONEER MUTUAL LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY – PAGE 4
FORM # 2900

2903 GUARANTEED INSURABILITY OPTION RIDER		
3F	Maximum Amount of Increase on any Option Date: [\$20,000]	From \$10,000 to \$50,000.
3F	Total Amount of Increases: [\$100,000]	From \$50,000 to \$200,000.
3F	Rider Charge	Varies based on issue specifications.
3F	Expiry Date	Attained Age of 43.

2904 OTHER INSURED TERM INSURANCE RIDER		
3G	Amount of Insurance	Minimum: \$25,000 Maximum: Total Face Amount on Base Insured.
3G	Conversion Period	To Age 70.
3G	Table of Monthly Guaranteed Cost of Insurance Rates	Cost of Insurance varies based on Other Insured's Attained Age.

2905 PREMIUM DEPOSIT FUND RIDER		
3H	Owner	Specific to each policy Owner.

2906 WAIVER OF MONTHLY DEDUCTIONS RIDER		
3I	Disability Benefit Class	Preferred Non-Tobacco, Standard Plus Non-Tobacco, Standard Non-Tobacco, Special Non-Tobacco, Preferred Tobacco, Standard Tobacco, or Special Tobacco.
3I	Table of Monthly Cost Factors Table	Cost Factor varies based on Insured's Attained Age.

2907 CREDIT OF PREMIUM DISABILITY RIDER		
3J	Disability Benefit Class	Preferred Non-Tobacco, Standard Plus Non-Tobacco, Standard Non-Tobacco, Special Non-Tobacco, Preferred Tobacco, Standard Tobacco, or Special Tobacco.
3J	Benefit Amount	Amount selected by Insured. Minimum: \$100 per month. Maximum: Guideline Level Premium divided by 12.
3J	Rider Charge	Varies based on issue specifications.

PIONEER MUTUAL LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY – PAGE 5
FORM # 2900

RIDERS

Cover Page	Pioneer Mutual Life Insurance Company address.	Bracketed to permit us to change the address, if necessary.
Last Page	Officer's Signatures	Bracketed to permit changes in the event new officers are elected.

I-20833 APPLICATION FOR LIFE INSURANCE

Page 1	American United Life Insurance Company	All references to American United Life Insurance Company (AUL) and the products issued by AUL have been bracketed. This application will be submitted for approval for use by AUL under a separate filing.
1	Pioneer Mutual Life Insurance Company address and telephone number.	Bracketed to permit us to change the address and telephone number, if necessary.
1	One America	Company logo has been bracketed in case it is changed.
3	VISA, MasterCard, Discover	Credit cards listed have been bracketed in case we discontinue using a company or we add a different credit card to the available list.
4	Whole Life Insurance, Term Insurance, Variable Universal Life, Flexible Premium VUL.	Products issued by AUL have been bracketed and do not apply to this filing.
4	Universal Life Insurance – Riders	The list of available Riders has been bracketed in case we discontinue use of any riders, or add riders in the future (once they have received appropriate approval).
5	13. Dividend Option (Whole Life only)	Products issued by AUL have been bracketed and do not apply to this filing.
9	FOR VARIABLE PRODUCTS, PLEASE ACKNOWLEDGE	Statements applicable to products issued by AUL have been bracketed and do not apply to this filing
9	American United Life Insurance Company (Standard Risk Term, Whole Life, Variable Life)	References to AUL and products issued by AUL have been bracketed and do not apply to this filing

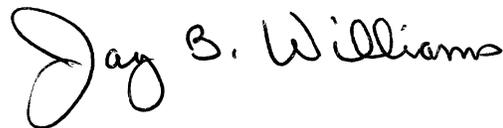
PIONEER MUTUAL LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY – PAGE 6
FORM # 2900

10	Representative's AUL Code	Information applicable to products issued by AUL have been bracketed and do not apply to this filing
10	Principal Review (Required for registered products only.)	Information applicable to products issued by AUL have been bracketed and do not apply to this filing
10	1-877-999-9883	Bracketed to permit us to change the telephone number, if necessary.
10	Company Mailing Addresses	Bracketed to permit us to change the address, if necessary.
	Temporary Insurance Agreement – Mailing Address	Bracketed to permit us to change the address, if necessary.

CERTIFICATE OF READABILITY

I, Jay B. Williams, Vice President and Director of Compliance of Pioneer Mutual Life Insurance Company, hereby certify that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements.

<u>FORMS</u>	<u>READABILITY SCORE</u>
2900	50.0
2901	50.1
2902	50.7
2903	55.4
2904	55.5
2905	52.7
2906	50.3
2907	50.3
2908	50.1
I-20833	51.0



May 16, 2008

Jay B. Williams
Vice President and Director of Compliance

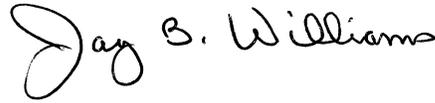
**STATE OF ARKANSAS
UNIVERSAL LIFE INSURANCE CERTIFICATION**

INSURER: Pioneer Mutual Life Insurance Company
One American Square, P.O. Box 368
Indianapolis, IN 46206-0368

SUBMISSION: 2900 - Flexible Premium Adjustable Life Insurance Policy

I hereby certify that Arkansas Regulation 34 has been reviewed and, to the best of my knowledge and belief, each form submitted is consistent and complies with the requirements of your state and the regulations promulgated pursuant thereto.

Signature of an Officer of the Insurer



Jay B. Williams
Name (Print or Type)

Vice President and Director of Compliance

Title
July 21, 2008

Date

**CONSENT TO SUBMIT RATES AND/OR
COST BASES FOR APPROVAL**

Pioneer Mutual Life
The Insurance Company (“Company”) of Fargo, North Dakota
(Company Name) (City and State)

does hereby consent and agree

A) that all premium rates and/or cost bases both “maximum” and “current or projected,” used in relation to policy form number _____ must be filed with the Insurance Commissioner for the State of Arkansas (“Commissioner”) at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

or

X B) that where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

Pioneer Mutual Life Insurance Company

By Jay B. Williams
Jay B. Williams (Name)

Vice President and Director of Compliance

(Title or Position)

SERFF Tracking Number: *AULD-125622422* *State:* *Arkansas*
Filing Company: *Pioneer Mutual Life Insurance Company* *State Tracking Number:* *39109*
Company Tracking Number: *2900*
TOI: *L09I Individual Life - Flexible Premium* *Sub-TOI:* *L09I.001 Single Life*
 Adjustable Life
Product Name: *Optimum Plus 2008*
Project Name/Number: *Optimum Plus 2008/2900*

Attachment "PML 2901 DISC.pdf" is larger than 3MB and cannot be reproduced here.